

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315135		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/01/2025	
NAME OF PROVIDER OR SUPPLIER CREST POINTE REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1515 HULSE ROAD , PT PLEASANT, New Jersey, 08742			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>INITIAL COMMENTS</p> <p>Complaint #: 2653365</p> <p>Census: 97</p> <p>Sample Size: 3</p> <p>The NJDOH conducted a Complaint survey on 11/3/2025. The survey was officially completed on 11/3/2025. The facility is in substantial compliance with the requirements of 42 CFR PART 483, SUBPART B, for Long Term Care Facilities based on this Complaint Visit.</p>			F0000			12/01/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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New Jersey State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 061502		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/01/2025	
NAME OF PROVIDER OR SUPPLIER CREST POINTE REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1515 HULSE ROAD , PT PLEASANT, New Jersey, 08742			
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S0560	<p>Mandatory Access to Care</p> <p>CFR(s): 8:39-5.1(a)</p> <p>The facility shall comply with applicable Federal, State, and local laws, rules, and regulations.</p> <p>This LICENSURE REQUIREMENT is NOT MET as evidenced by:</p> <p>Complaint #: 2653365</p> <p>Based on interviews and review of facility documents on 11/3/2025, it was determined that the facility failed to ensure staffing ratios were met for 7 of 14-day shifts and 2 of 14 overnight shifts reviewed. This deficient practice had the potential to affect all residents.</p> <p>Findings include:</p> <p>Reference: New Jersey Department of Health (NJDOH) memo, dated 01/28/2021, "Compliance with N.J.S.A. (New Jersey Statutes Annotated) 30:13-18, new minimum staffing requirements for nursing homes," indicated the New Jersey Governor signed into law P.L. 2020 c 112, codified as N.J.S.A. 30:13-18 (the Act), which established minimum staffing requirements in nursing homes. The following ratio (s) were effective on 02/01/2021:</p> <p>One Certified Nurse Aide (CNA) to every eight residents for the day shift. One direct care staff member to every 10 residents for the evening shift, provided that no fewer of all staff members shall be CNAs and each direct staff member shall be signed into work as a certified nurse aide and shall perform nurse aide duties: and One direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a CNA and perform CNA duties.</p> <p>For the 2 weeks of staffing prior to complaint survey from 10/19/2025 to 11/01/2025, the facility was</p>		S0560	<p>No residents were identified as having been affected.</p> <p>All residents have the potential to be affected</p> <p>Staffing coordinator and Director of Nursing were educated on staffing requirements on 12/1/25 by Administrator. Director of nursing, Administrator, and Staffing Coordinator will meet daily during the week to review daily and weekly staffing, recruitment efforts, and trends. The trends identified from these meetings will be presented during monthly QAPI meetings. The facility has created a robust plan to attract and retain employees through several different strategic initiatives. To draw in new talent, the facility has been offering flexible scheduling options tailored to fit the varying needs of its staff. The use of PRN workers has been expanded to ensure adequate coverage for the facility. The facility also actively promotes job openings via multimedia advertising and collaborates with local schools to connect with potential new hires. Financial incentives are a key part of this strategy, with sign-on bonuses for new employees, referral bonuses for staff who bring in new hires and additional pay for those willing to take on extra shifts. Efforts to rehire former employees, coupled with competitive pay rates and benefits, further bolster the facility's appeal. We recognize outstanding performance with an Employee of the month program. Seasonal festivities include holiday parties, gifts, for all employees during festive seasons and monthly celebrations of staff birthdays. For ongoing improvement, the facility participates in weekly interdisciplinary calls with consultants to discuss current vacancies, refine recruitment strategies and implement improvements. Exit interviews with departing employees are conducted to gather insights and suggestions for enhancing the employee experience and improving retention. This comprehensive approach is designed to cultivate a positive, engaging work environment that not only attracts new talent but also retains and values current staff.</p> <p>Administration/designees will review the minutes from the daily staffing meeting to determine whether all efforts are resulting in staffing levels meeting the requirements. These audits will be daily x 4weeks, weekly x 8 weeks, and then biweekly x 8 weeks. Findings</p>		12/05/2025	

Office of Primary Care and Health Systems Management

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S0560	<p>Continued from page 1 deficient in CNA staffing for residents on 7 of 14-day shifts, and deficient in total staff for residents on 2 of 14 overnight shifts as follows:</p> <p>On 10/19/25 had 10 CNAs for 93 residents on the day shift, required at least 12 CNAs.</p> <p>On 10/23/25 had 10 CNAs for 87 residents on the day shift, required at least 11 CNAs.</p> <p>On 10/24/25 had 10 CNAs for 87 residents on the day shift, required at least 11 CNAs.</p> <p>On 10/25/25 had 10 CNAs for 92 residents on the day shift, required at least 11 CNAs.</p> <p>On 10/25/25 had 6 total staff for 92 residents on the overnight shift, required at least 7 total staff.</p> <p>On 10/26/25 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs.</p> <p>On 10/27/25 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs.</p> <p>On 10/30/25 had 10 CNAs for 91 residents on the day shift, required at least 11 CNAs.</p> <p>On 11/01/25 had 5.5 total staff for 98 residents on the overnight shift, required at least 7 total staff.</p>			S0560	<p>Continued from page 1 will be reviewed during the monthly QAPI meeting. Any identified concerns will result in immediate corrective action and additional staff re-education as needed.</p>		

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F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 01/09/26 in relation to the 11/03/25 Complaint survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.			F0000			

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