

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/19/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315135</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/12/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>CREST POINTE REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1515 HULSE ROAD</b> <b>PT PLEASANT, NJ 08742</b>		
(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	
F 000	<p><b>INITIAL COMMENTS</b></p> <p>Initial inspection or Licensure of New and/or Renovated Long Term Care Facilities.</p> <p>Inspection Date: 5/12/22</p> <p>An Onsite Renovation Project Survey was conducted to determine compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. No deficiencies were cited for this survey.</p> <p>TYPE OF SURVEY: New Construction and Renovation Project: Inspection of the Occupational and Physical Therapy area of New Construction and Renovation of existing building including the vestibule area, specifically the enlarged lobby area, resident shower room, existing lounge, conference room, and offices. Initial inspection or Licensure of New and/or Renovated Long Term Care Facilities.</p> <p>The above noted area(s) may not be occupied until formal notification by the Certificate of Need and Licensing Division has been received.</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/30/2022

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 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.

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NAME OF PROVIDER OR SUPPLIER  <b>CREST POINTE REHABILITATION AND HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1515 HULSE ROAD</b> <b>PT PLEASANT, NJ 08742</b>		
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K 000	INITIAL COMMENTS  TYPE OF SURVEY: New Construction and Renovation Project: Inspection of the Occupational and Physical Therapy area of New Construction and Renovation of existing building including the vestibule area, specifically the enlarged lobby area, resident shower room, existing lounge, conference room, and offices.  A Life Safety Code Survey was conducted by the New Jersey Department of Health, Health Facility Survey and Field Operations on 5/12/2022 and Crest Pointe Rehabilitation and Healthcare was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancies.  Crest Pointe Rehabilitation and Healthcare is a single story, Type I Fire Resistant building that was built in January 1999. The facility is divided into 4 smoke zones.	K 000			
K 281 SS=D	Illumination of Means of Egress CFR(s): NFPA 101  Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual	K 281		6/3/22	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/03/2022

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 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.

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K 281	<p>Continued From page 1 intervention. 18.2.8, 19.2.8</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of facility provided documentation, it was determined that the facility failed to ensure that all means of egress in the New Construction and Renovation areas were provided with continuous lighting with two lamps for 1 of 2 exit discharge doors inspected during the inspection.</p> <p>This deficient practice was evidenced by the following:</p> <p>During the survey entrance on 5/12/2022 at 10:24 AM, a request was made to the Administrator and Regional Plant Operations Director (RPOD) to provide a copy of the facility lay-out and to identify the areas of New Construction and Renovation areas to be inspected.</p> <p>During the building tour at 12:45 PM, an inspection of the new Physical and Occupational Therapy area was performed. During the building tour, the surveyor observed an outside designated exit discharge door next to the ADL [Activities of Daily Living] bedroom. There was no evidence of an automatic egress lighting. There was a single bulb light fixture.</p> <p>At that same time, the surveyor asked the RPOD, does that light fixture have two (2) light bulbs. The RPOD looked and stated, "no."</p> <p>The findings were verified and confirmed by the RPOD during the observations.</p> <p>The surveyor informed the Administrator and the</p>	K 281	<p>K281 CFR (s) NFPA 101 – Illumination means of egress – New Construction</p> <ul style="list-style-type: none"> <li>¿ Exit door located in PT gym exiting to pathway between facility and gym, leading to parking lot at front of facility. New light fixture was installed with 2 bulbs for proper lighting in accordance with NFPA 101 7.8.</li> <li>¿ All residents who may be in the PT Room can be affected.</li> <li>¿ Facility completed a facility wide audit to determine if any other incorrect placement with automatic egress lights existed with no findings. Audit conducted by Maintenance Director on 5/23/22.</li> <li>¿ Monthly inspections by the maintenance department will be done on all exit lighting documented via TELS tasks to ensure compliance is maintained and functioning properly.</li> <li>¿ Education completed with Director of Maintenance and assistant on requirements of NFPA 101 7.8.</li> <li>¿ The contents of the audit above will be reported by the maintenance director or his designee and reviewed at the quarterly QA meeting by the admin or designee with suggested recommendations made by the committee.</li> </ul> <p>Completion Date: 6/3/22</p>		

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K 281	Continued From page 2 RPOD of the deficiency at 1:01 PM, during the Life Safety Code exit conference. NJAC 8:39-31.2(e) NFPA 101:2012 - 19.2.8	K 281			
K 351 SS=F	Sprinkler System - Installation CFR(s): NFPA 101  Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observations on 5/12/2022, in the presence of Facility Management, it was determined the facility failed to provide proper fire sprinkler coverage to all areas of the Facility, as required by National Fire Protection Association (NFPA) 13 for Installation of Sprinkler Systems. The New Jersey Uniform Construction Code N.J.A.C. 5:23, for use group I-2 (health care) use occupancy.	K 351	K351 CFR (s) NFPA 13 - Sprinkler System – Installation ¿ The facility had their contractor add 1 additional sprinkler head in each of the 3 shower stalls to alleviate the issue of lack of full sprinkler coverage in accordance with NFPA 13. The sprinkler inside the PT room attic access area has been added to provide sprinkler coverage in accordance	6/9/22	

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K 351	<p>Continued From page 3</p> <p>This deficient practice was evidenced by the following:</p> <p>During the survey entrance on 5/12/2022 at 10:24 AM, a request was made to the Administrator and Regional Plant Operations Director (RPOD) to provide a copy of the facility lay-out and to identify the areas of New Construction and Renovation areas to be inspected. The surveyor also requested to provide the Department of Community Affairs (DCA) approved architectural plans for review.</p> <p>During a tour of the New Construction and Renovation areas starting at 12:03 PM. The surveyor, in the presence of the RPOD observed that the facility failed to provide proper fire sprinkler protection in the following locations:</p> <ol style="list-style-type: none"> <li>At 12:13 PM, an inspection of the "Newly Renovated Resident Shower Room" was conducted. During the inspection, the surveyor observed no fire sprinkler coverage inside the 5' - 6' (Five feet- Six inch) deep by 4' (Four feet) wide wide shower stall area. The sprinkler in the room would not reach into the first shower stall. At that same time, the surveyor asked the RPOD, would the sprinkler in the room reach into that shower stall. The RPOD looked and stated, "no."</li> <li>At 12:27 PM, an inspection inside the Physical Therapy area attic access room was performed. The surveyor observed no evidence of a fire sprinkler inside the 4' (four feet) by 3" (three feet) wide room. The surveyor asked the RPOD, is there a sprinkler inside the room. The RPOD looked and stated, "no."</li> </ol>	K 351	<p>with NFPA 13.</p> <ul style="list-style-type: none"> <li>¿ All residents who can be in the shower room or PT area can be affected.</li> <li>¿ Facility completed a facility wide audit to determine if any other incorrect placement with fire sprinklers existed with no findings.</li> <li>¿ Quarterly inspections are completed by our sprinkler contractor to ensure compliance is maintained. Maintenance director will confirm that sprinklers remain in compliance with NFPA 13.</li> <li>¿ The contents of the audit above will be reported by the maintenance director or his designee and reviewed at the quarterly QA meeting by the admin or designee with suggested recommendations made by the committee.</li> </ul>		

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K 351	<p>Continued From page 4</p> <p>A review of the facility provided DCA approved architectural plan Project number 5009-20 release dated 5/14/2021, SP-1 Fire Sprinkler, identifies that there is a fire sprinkler inside the 4' by 3' attic access room.</p> <p>The RPOD confirmed the findings at the time of observations.</p> <p>The surveyor informed the Administrator and the RPOD of the deficiency at 1:01 PM, during the Life Safety Code exit conference.</p> <p>Fire Safety Hazard. NJAC 8:39-31.1(c), 31.2(e) NFPA 13.</p>	K 351		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315135	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 7/5/2022	Y3
NAME OF FACILITY CREST POINTE REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1515 HULSE ROAD PT PLEASANT, NJ 08742		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM	DATE	ITEM	DATE	ITEM	DATE
Y4	Y5	Y4	Y5	Y4	Y5
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # _____	Completed
LSC K0281	06/03/2022	LSC K0351	06/09/2022	LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 5/12/2022	<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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