

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

PRINTED: 03/02/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>315125</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/19/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CRYSTAL SPRING CENTER LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>395 LAKESIDE BLVD</b> <b>BAYVILLE, NJ 08721</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	INITIAL COMMENTS  COMPLAINT # NJ 145922  CENSUS: 188  SAMPLE SIZE: 4  THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLAINT VISIT.	F 000			
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.	F 609		9/6/21	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		09/01/2021

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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	<p>Continued From page 1</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 145922</p> <p>Based on interviews, review of the Medical Records (MR), and review of other pertinent facility documentation on 8/17/2021 and 8/19/2021, it was determined that the facility failed to report timely an allegation of staff to resident abuse to the Administration, notify the New Jersey Department of Health (NJDOH) of allegations of abuse as required, as well as follow the facility policy titled, "Abuse &amp; Neglect" for 1 of 3 residents (Resident #2). This deficient practice was evidenced by the following:</p> <p>1. According to the Medical Record (MR), Resident #2 was admitted to the facility on [REDACTED], with diagnoses which included but were not limited to: NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1. [REDACTED]</p> <p>Review of the Minimum Data Set (MDS), an assessment tool dated 5/29/2021, Resident #2 had a Brief Interview of Mental Status (BIMS) score of [REDACTED] which indicated severe cognitive impairment. The MDS also revealed that Resident #2 required extensive assistance for Activities of Daily Living (ADL).</p>		<p>Resident #2 was admitted [REDACTED] and discharged on [REDACTED]. Accusation of abuse took place 5/29/21. Investigation started immediately once accusation was brought to Administrator attention on 8/17/2021. Allegation of abuse was not confirmed. There were no complaints or concerns by other residents who were on c.n.a. assignment. There were no additional concerns or complaints identified.</p> <p>All residents with [REDACTED] have the potential to be affected by this deficient practice. No other residents had complaints or concerns. No other issues were identified.</p> <p>On 8/17/2021, one on one education was given to two c.n.a. □s and two l.p.n. □s who were present working the day of the incident on Abuse &amp; Neglect Policy.</p> <p>In addition on 8/17/2021 an education with staff had been given on the Abuse &amp; Neglect Policy.</p> <p>Education on Abuse &amp; Neglect Policy will be done monthly with staff for the next</p>	

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	<p>Continued From page 2</p> <p>During an interview on 8/17/2021 at 12:20 p.m., the Certified Nursing Assistance (CNA #1, assigned to Resident #2 on 5/29/21) reported that on 5/29/2021, Resident #2, in the presence of the family member, made an allegation that CNA #1 had hit him/her. CNA #1 reported the allegation of staff to Resident abuse to Licensed Practical Nurse (LPN #2, assigned nurse to Resident #2) the same day (5/29/2021).</p> <p>During an interview on 8/17/2021 at 2:36 p.m., the Administration reported that they were not informed of an allegation of staff to resident abuse involving Resident #2 and if the Administration was informed it would have been immediately investigated and reported to the NJDOH.</p> <p>During an interview on 8/19/2021 at 11:12 a.m., CNA #2 (CNA assisted CNA #1) reported that on 5/29/2021, CNA #1 requested CNA #2 to accompany him to Resident #2's room for care, since the Resident had a history of making false accusations. After leaving the room the family came out of the room and was very upset and loud and accused CNA #1 of hitting Resident #2. CNA #2 stated they informed LPN #2 of the accusation the same day.</p> <p>During an interview on 8/19/2021 at 11:27 a.m., Licensed Practical Nurse (LPN #1, acting Nurse Supervisor (NS)) stated that on 5/29/2021, CNA #1 reported to him that the family of Resident #2 accused him of hitting the Resident. LPN #1 stated that he never reported the allegation of abuse to the Administration or the NJDOH, and no interviews or statements were taken. He also revealed that he did not speak to the Resident or</p>		<p>three months.</p> <p>Education on Abuse &amp; Neglect Policy will continue to be a part of orientation.</p> <p>Human Resource Director will report on completeness of education to staff during the next three monthly QAPI meetings. The QAPI meeting is attended by NHA, DON and Medical Director.</p>		

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F 609	Continued From page 3 the family about the allegation. LPN #1 further revealed that he should have started an investigation and reported the allegation to the Administration.  During an interview on 8/20/2021 at 1:30 p.m., LPN #2 stated that on 5/29/2021, the family came to her and reported that the Resident said [REDACTED] was hit by CNA #1. LPN #2 stated that she reported the allegation to LPN #1, who was the acting NS on 5/29/2021.  According to the facility policy titled "Abuse & Neglect," dated 2/9/2017, under "Policy:"  1. Residents...have the right to be free from abuse, neglect, misappropriation of resident property, corporal punishment and involuntary seclusion in accordance with State and Federal regulations.  3. All alleged or suspected incidents of abuse, neglect, mistreatment or misappropriation of residents' property will be thoroughly investigated, and findings documented in a report format.  Under "Investigation," 2. The investigation process will include (but not limited to); statements from staff, witness, resident, interviews with staff, witness, resident...."	F 609			
F 658 SS=D	N.J.A.C. 8:39-9.4(e)(3)(i) Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)	F 658		9/6/21	

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F 658	<p>Continued From page 4</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: COMPLAINT # NJ 145922</p> <p>Based on observation, interviews, and review of Medical Records (MR) on 8/17/2021, and 8/19/2021 it was determined that the facility staff failed to provide [REDACTED], as well as follow the facility policy titled "Feeding Tube-Site Care." for 1 of 4 residents (Resident #1) observed for [REDACTED]. This deficient practice is further evidenced by the following:</p> <p>1. According to the Medical Record (MR), Resident #1 was admitted to the facility on [REDACTED], with diagnoses which included but were not limited to: [REDACTED].</p> <p>Review of the Minimum Data Set (MDS) an assessment tool dated [REDACTED], Resident #1 had a Brief Interview of Mental Status (BIMS) score of [REDACTED] which indicated the Resident was [REDACTED]. The MDS also revealed that Resident #1 was required only supervision for Activities of Daily Living (ADL).</p> <p>Resident #1 care plan (cp) for Resident #1 showed potential for [REDACTED]. Intervention included: Keep skin clean and dry.</p> <p>During an interview on 8/17/2021, Resident #1 reported that he/she had a [REDACTED]</p>	F 658	<p>Resident #1 [REDACTED] is not currently being used for feeding. Immediately LPN, checked and cleansed the area and put gauze dressing. The resident had no infection. The area with redness was treated.</p> <p>All residents who have [REDACTED] not being used have the potential to be affected by this deficient practice. No issue was noted on other residents with [REDACTED].</p> <p>Audit of all residents with [REDACTED] was completed. All [REDACTED] residents were visually observed to assure that the order is followed and the dressing is changed daily on 7-3 shift.</p> <p>On 8/17/2021 nurses have been educated on [REDACTED] policy and enteral protocol to include those [REDACTED] not being used for feeding.</p> <p>Education will be a part of orientation.</p> <p>Daily for the next month Unit Managers/Infection Control Preventionist/designee will visually observe each resident who has a [REDACTED] to assure that the order is followed and the dressing is changed on 7-3 shift. Thereafter, weekly for the following two</p>		

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F 658	<p>Continued From page 5</p> <p><b>(NJAC 8:43E-2.1 and Exec Order 26, 4. b. 1.</b> ) in place and the staff had not addressed care for the <b>(NJAC 8:43E-2.1)</b> in 3 days. Resident #1 reported that the <b>(NJAC 8:43E-2.1)</b> was no longer in use and it was scheduled to be removed.</p> <p>During the skin observation of the <b>(NJAC 8:43E-2.1)</b> site accompanied by the Unit Manager (UM) on 8/17/2021 at 10:18 a.m., the dressing was observed with dried, brown crust and was falling off the <b>(NJAC 8:43E-2.1)</b> site. The skin around the <b>(NJAC 8:43E-2.1)</b> was red and excoriated (wear off the skin) for approximately one-inch diameter around the tube. The dressing had a faded date which appeared to be 8/15/2021, which was verified with the UM. The UM reported that the <b>(NJAC 8:43E-2.1)</b> site should be checked and cleansed daily to prevent infection.</p> <p>During an interview on 8/17/2021 at 11:17 a.m., the Director of Nursing (DON) reported that the protocol for <b>(NJAC 8:43E-2.1)</b> care consist of daily site cleaning and dressing change to prevent infection.</p> <p>Review of the facility policy titled "Feeding Tube - Site Care." with revised date of 10/20 revealed the following under "Purpose:" To inspect and prevent skin breakdown and complications for residents with feeding tubes. Under "Policy:" section 2. The site of a well-established enteral feeding tube will be inspected daily for signs and symptoms of irrigation, gastric leakage, or infection..."</p> <p>N.J.A.C. 8:39-27.1(a)</p>	F 658	<p>months UM/Infection Control Preventionist/designee will visually observe each resident who has a <b>(NJAC 8:43E-2.1)</b> to assure that the order is followed and the dressing is changed on 7-3 shift.</p> <p>Unit Manager/Infection Control Preventionist will report results during monthly QAPI meeting for the next three months. The QAPI meeting is attended by NHA, DON and Medical Director.</p>		

## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 315125	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 9/9/2021	Y3
NAME OF FACILITY CRYSTAL SPRING CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 395 LAKESIDE BLVD BAYVILLE, NJ 08721		

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 Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0609	Correction	ID Prefix F0658	Correction	ID Prefix	Correction
Reg. # 483.12(c)(1)(4)	Completed	Reg. # 483.21(b)(3)(i)	Completed	Reg. #	Completed
LSC	09/06/2021	LSC	09/06/2021	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 8/19/2021		<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		