



State of New Jersey
DEPARTMENT OF HEALTH

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Governor

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Lt. Governor

KAITLAN BASTON, MD, MSc, DFASAM
Commissioner

In Re Licensure Violation:

Crest Pointe Rehabilitation and
Healthcare Center
(NJ Facility ID# NJ61502)

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DIRECTED PLAN OF
CORRECTION

TO: Eliyahu Rosenblum
(erosenblum@mqshealth.com;ystern@crestpointrehab.com)
Crest Pointe Rehabilitation and Healthcare Center
1515 Hulse Road
Point Pleasant, New Jersey 08742

Dear Mr. Rosenblum:

This letter confirms the verbal order given to you and Melissa Reider, Director of Nursing, by the Department of Health (hereinafter “the Department”) on June 20, 2024, imposing a Directed Plan of Correction (DPOC) requiring Crest Pointe Rehabilitation and Healthcare Center (“Crest Pointe”) to retain a full-time Consultant Administrator.

These enforcement actions are being taken in accordance with the provisions set forth at [N.J.A.C. 8:43E-2.4](#) (Plan of Correction), [N.J.A.C. 8:43E-3.1](#) (Enforcement Remedies Available), after Staff from the Department’s Health Facility Survey and Field Operations (HFS&FO or Survey) were on-site at Crest Pointe and found significant deficiencies

because of the facility's failure to protect residents from abuse and neglect, and because the facility's administration failed to ensure that policies and procedures requiring allegations of abuse and neglect to be reported and investigated were implemented in order to ensure that residents remain free from abuse and neglect.

The Health Care Facilities Planning Act (N.J.S.A. 26:2H-1 et seq.) (the Act) provides a statutory scheme designed to ensure that all health care facilities are of the highest quality. Pursuant to the Act and N.J.A.C. 8:43E-1.1 et seq., General Licensure Procedures and Standards Applicable to All Licensed Facilities, the Commissioner of Health is authorized to inspect all health care facilities and to enforce the Standards for Licensure of Long-Term Care Facilities set forth at N.J.A.C. 8:39-1.1 et seq.

LICENSURE VIOLATIONS:

Staff from the Department's HFS&FO were on-site for a survey at Crest Pointe from June 3, 2024 through June 12, 2024, 2024. The report of this survey will be issued by the Department. The survey revealed the following licensure violations:

The facility failed to comply with, N.J.A.C. 8:39-4.1(a)5, which requires a facility to ensure that residents are free from physical and mental abuse and/ or neglect. Specifically, a staff to resident incident of verbal sexual abuse occurred on May 16, 2024 and a staff to resident incident of verbal abuse occurred on May 23, 2024. The facility failed to implement facility policies and procedures for the reporting and investigation of these incidents that are necessary to ensure that residents are free from abuse and neglect. The Administrator as well as staff were aware of these allegations of abuse but did not follow the facilities policies and procedures.

The facility failed to ensure two residents were free from abuse, including verbal sexual abuse by staff to a resident on May 16, 2024, and verbal abuse by staff to a resident on May 23, 2024. The facility also failed to ensure that the Administrator implemented facility policies and procedures requiring the two allegations of abuse to be reported and investigated.

The facility also failed to comply with N.J.A.C. 8:39-9.2(a), N.J.A.C. 8:39-9.3(a), and N.J.A.C. 8:39-27.1(a). N.J.A.C. 8:39-9.2(a) requires that the facility administrator be administratively responsible for all aspects of the facility. N.J.A.C. 8:39-9.3(a) requires that the facility maintain written policies and procedures that are reviewed annually, revised as needed and implemented. N.J.A.C. 8:39-27.1(a) requires the facility to provide and ensure that each resident receives all care and services needed to enable the resident to attain and maintain the highest practicable level of physical, emotional and social well-being.

An interview with Resident #79 revealed that Certified Nursing Assistant (CNA #1) made sexual comments to him/her that made the resident feel uncomfortable, and the interactions were witnessed by staff. The Social Worker (SW) handled the incident as a

grievance and the Administrator was aware. CNA #1 continued to work twelve shifts after the incident and had contact with residents. The resident had a history of post-traumatic stress disorder (PTSD) resulting from a past sexual assault, and the incident exacerbated the resident's anxiety and PTSD.

During abuse education with staff, it was determined that Resident #60 reported an allegation of verbal abuse to the Business Office Manager (BOM) that occurred on May 23, 2024, when the Unit Manager/Licensed Practical Nurse (UM/LPN) "scolded" and "yelled at" the resident for requesting assistance with activities of daily living from staff, which caused the resident to become afraid and fearful of the nurse and caused anxiety for the resident regarding who would provide care for the resident. The BOM reported the incident to the Administrator, who failed to initiate an investigation at the time of the incident until the BOM mentioned the incident again in the presence of the Regional Administrator and Director of Nursing on June 6, 2024. The UM/LPN continued to work eleven shifts and had contact with Resident #60 and other residents.

The facility also failed to comply with N.J.A.C. 8:39-9.2(a), because the facility administrator failed to ensure that the facility complied with the requirements of N.J.A.C. 8:39-9.3(a) and N.J.A.C. 8:39-27.1(a). The facility was not administered in a manner that enabled effective use of its resources to attain and maintain the highest practicable physical, mental, and psychosocial well-being of the residents. These violations resulted in an immediate jeopardy to resident health or safety.

DIRECTED PLAN OF CORRECTION:

The facility must retain the full-time, on-site services of an Administrator Consultant in accordance with N.J.A.C. 8:34-1.1 et seq., who shall be responsible for consultation services concerning the day-to-day operations of the facility. The Administrator Consultant must be approved by the Department. The facility shall provide the name and resume of the proposed Administrator Consultant by submitting the name and resume to Carol.Hamill@doh.nj.gov, Christina.Farkas@doh.nj.gov, Christine.Farfalla@doh.nj.gov, Gene.Rosenblum@doh.nj.gov, and Lisa.King@doh.nj.gov by 12:00 noon on June 26, 2024. The Administrator Consultant shall be present in the facility for no less than 40 hours per week, with documented coverage of all shifts and weekends, until further notice from the Department. The approved Administrator Consultant shall be retained no later than the close of business, on June 28, 2024. The contract with the consultant shall include provisions for immediate corrective action with applicable state licensing standards. The consultant shall have no previous or current ties to the facility's principals, management, and/or employers, or other related individuals of any kind, including, but not limited to employment, business, or personal ties. The Administrator Consultant and facility shall submit weekly progress reports, beginning on July 5, 2024, and continuing each Friday thereafter. The progress reports shall be submitted to Carol.Hamill@doh.nj.gov, Christina.Farkas@doh.nj.gov, and Christine.Farfalla@doh.nj.gov.

The Administrator Consultant shall:

1. Assess the facility's compliance with all applicable state licensing standards and identify areas of non-compliance;

2. Oversee the development, implementation, and evaluation of corrective action plans;
3. Develop and implement compliance management systems at the facility;
4. Collaborate with facility leadership to ensure that operating procedures, systems, and standards align with compliance requirements;
5. Ensure staff training needed to comply with applicable licensing standards; and,
6. Take other actions as may be necessary to ensure identification of compliance issues and implementation of timely corrective measures.

The weekly progress reports by the Administrator Consultant and the facility should be sent every Friday by 1:00 p.m. to Carol.Hamil@doh.nj.gov, Christina.Farkas@doh.nj.gov and Christine.Farfalla@doh.nj.gov. These weekly reports shall include timely status updates regarding:

1. Identified areas of non-compliance;
2. Corrective measures to address identified areas of non-compliance; and,
3. Status of corrective measures implementation.

Please be advised that this DPOC shall remain in place until Crest Pointe is otherwise notified by the Department.

Department staff will monitor compliance with this notice to determine whether corrective measures are implemented in a timely fashion. Failure to comply with these and any other applicable requirements, as set forth in pertinent rules and regulations, will result in the imposition of further enforcement remedies, including but not limited to, civil monetary penalties, and may include summary suspension and/or license revocation.

Thank you for your attention to this important matter and for your anticipated cooperation. Should you have any questions concerning this order, please contact Lisa King, Office of Program Compliance at (609) 376-7890.

Sincerely,



Gene Rosenblum, Director
Office of Program Compliance
Division of Certificate of Need and
Licensing

LK:WCK

DATE: June 24, 2024
REGULAR AND CERTIFIED MAIL
E-Mail

RETURN RECEIPT REQUESTED
Control #AX24

- c. Pamela Lebak
- Gene Rosenblum
- Carol Hamill
- Christina Farkas
- Christine Farfalla
- Lisa King