



State of New Jersey  
DEPARTMENT OF HEALTH

PHILIP D. MURPHY  
Governor

PO BOX 358  
TRENTON, N.J. 08625-0358

TAHESHA L. WAY  
Lt. Governor

[www.nj.gov/health](http://www.nj.gov/health)

JEFFREY A. BROWN  
Acting Commissioner

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IN RE: LICENSURE VIOLATION

CRYSTAL LAKE HEALTHCARE AND  
REHABILITATION CENTER

(NJ Facility ID# NJ61501)

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CURTAILMENT OF ADMISSIONS  
ORDER AND  
DIRECTED PLAN OF CORRECTION

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TO: Susan Smith- Administrator  
Crystal Lake Healthcare and Rehabilitation Center  
395 Lakeside Blvd  
Bayville, NJ 08721  
[ssmith@crystallakehealth.com](mailto:ssmith@crystallakehealth.com)

Dear Ms. Smith:

As more fully detailed below, the New Jersey Department of Health (the Department) is issuing to Crystal Lake Healthcare and Rehabilitation Center (Crystal Lake) a Curtailment of Admissions Order and Directed Plan of Correction (DPOC) requiring retention of both an Administrator Consultant and Registered Nurse Consultant.

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 Health Facility, Survey and Field Operations unit were on-site at Crystal Lake on December 23, 2024, December 30, 2024 and April 10, 2025 for complaint investigations. During the investigations, the surveyors identified numerous state violations, including the facility's failure to ensure all residents were free from physical and mental abuse and/or neglect. N.J.A.C. 8:39-4.1. The facility's failure to prevent and report instances of abuse in a timely manner, as well as its nonadherence to policies and procedures implemented for said circumstances, resulted in immediate and serious risk of harm to all residents within the facility.

On April 30, 2025 the Department issued a Curtailment of Admissions Order and a Directed Plan of Correction requiring the facility to engage an Administrator Consultant to assist the facility to manage and oversee its operation and assist the facility to ensure that its Policies and Procedures are followed. Likewise, the facility is required to engage a Director of Nursing (DON) consultant who is a Registered Nurse to assist the facility to oversee the care of the residents. The April 30, 2025, Curtailment of Admissions Order and Directed Plan of Correction remains in effect and is set forth in detail below.

#### **CURTAILMENT OF ADMISSIONS:**

As you were notified by telephone on April 30, 2025, effective immediately upon notification, the Department ordered the curtailment of admissions to the facility. The facility census is 200 and one resident is at the hospital.

This enforcement action was taken in accordance with the provisions set forth at N.J.A.C. 8:43E-2.4 (Plan of Correction), 3.1 (Enforcement Remedies Available) and 3.6 (Curtailment of Admissions) in response to serious violations observed by Department staff during its on-site inspection as detailed above.

Please be advised that N.J.A.C. 8:43E-3.4(a)(2) provides for a penalty of \$250 per day for each resident admitted to the facility in violation of this curtailment order.

#### **DIRECTED PLAN OF CORRECTION:**

The Commissioner of the Department of Health hereby directs the following plan of correction:

1. The facility must retain the full-time, on-site services of an Administrator Consultant, who shall be a New Jersey Licensed Nursing Home Administrator, to assist the facility to manage and oversee the facility's operation and to ensure the facility's Policies and Procedures are followed. The Administrator Consultant shall:

- a. Assess the facility's compliance with all applicable state licensing standards and identify areas of non-compliance;
  - b. Oversee the development, implementation and evaluation of corrective action plans;
  - c. Develop and implement compliance management systems at the facility;
  - d. Collaborate with facility leadership to ensure that operating procedures, systems and standards align with compliance requirements;
  - e. Ensure staff training and testing for competency needed to comply with applicable licensing standards, including, but not necessarily limited to, medication administration by certified medication aides; and,
  - f. Take other actions as may be necessary to ensure identification of compliance issues and implementation of timely corrective measures.
2. The facility must also retain the full-time, on-site services of a Director of Nursing (DON) consultant who is a Registered Nurse to oversee the care of the residents, including assessments of their conditions, ensuring Health Service Plans are created with interventions in place with goals for care and are evaluated for treatment and updated quarterly, ensuring General Service Plans are updated as needed and semi-annually, ensuring the Outbreak Response Policy is followed and the correct policies and procedures are implemented when a COVID outbreak occurs to ensure that all residents are kept informed and safe and to prevent the spread of infection. The DON consultant must have experience with infection control.

The consultants 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 consultants shall be present in the facility for no less than 40 hours per week until further notice from the Department, with documented coverage of all shifts and weekends.

The consultants shall be approved in advance by the Department. The facility shall provide the names and resumes of the proposed consultants by sending them to [Kara.Morris@doh.nj.gov](mailto:Kara.Morris@doh.nj.gov), [Carol.Fogarty@doh.nj.gov](mailto:Carol.Fogarty@doh.nj.gov), [Arlene.McNinch@doh.nj.gov](mailto:Arlene.McNinch@doh.nj.gov), [Jeremiah.ike@doh.nj.gov](mailto:Jeremiah.ike@doh.nj.gov), [Lisa.King@doh.nj.gov](mailto:Lisa.King@doh.nj.gov), and [Gene.Rosenblum@doh.nj.gov](mailto:Gene.Rosenblum@doh.nj.gov) by 12 p.m. on May 5, 2025. The approved consultants shall be retained and begin work no later than the close of business on May 8, 2025.

Beginning on Friday, May 9, 2025, the facility should send weekly progress reports every Friday by 1:00 p.m. to [Carol.Fogarty@doh.nj.gov](mailto:Carol.Fogarty@doh.nj.gov) and [Arlene.McNinch@doh.nj.gov](mailto:Arlene.McNinch@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,

2. Status of corrective measures implementation.

In addition, the facility is directed to maintain timely communication with the Department, as may be required.

Department staff will monitor facility compliance with this order and determine whether corrective measures are implemented by the facility in a timely fashion. Failure to comply with these and any other applicable requirements, as set forth in pertinent rules and regulations, may result in the imposition of penalties.

This Curtailment of Admissions Order and Directed Plan of Correction shall remain in place until the facility is otherwise notified in writing by a representative of this Department.

Thank you for your attention to this important matter and for your anticipated cooperation. If you have any questions concerning the Directed Plan of Correction, please contact Nadine Jackman, Office of Program Compliance, at [Nadine.Jackman@doh.nj.gov](mailto:Nadine.Jackman@doh.nj.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Gene Rosenblum", written in a cursive style.

Gene Rosenblum, Director  
Office of Program Compliance

Division of Certificate of Need and Licensing

GR:JI:nj

DATE: May 2, 2025

EMAIL: [ssmith@crystallakehealth.com](mailto:ssmith@crystallakehealth.com)

REGULAR AND CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Control # X25113