



State of New Jersey
DEPARTMENT OF HEALTH

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KAITLAN BASTON, MD, MSC, DFASAM
Commissioner

In Re Licensure Violation:	:	CURTAILMENT OF ADMISSIONS
	:	ORDER AND DIRECTED
CRYSTAL LAKE HEALTHCARE AND	:	PLAN OF CORRECTION
REHABILITATION	:	
	:	
(NJ Facility ID# NJ061501)	:	
	:	
	:	

TO: Susan Smith, Administrator
Crystal Lake Healthcare and Rehabilitation
395 Lakeside Boulevard
Bayville, New Jersey 08721
SSmith@crystallakehealth.com

As more fully detailed below, on January 16, 2025, the New Jersey Department of Health (the Department) issued to Crystal Lake Healthcare and Rehabilitation (Crystal Lake) a verbal order curtailing new admissions to the facility and a verbal Directed Plan of Correction due to violations identified by Department surveyors that constitute an immediate and serious risk of harm to facility residents. This order memorializes both verbal directives.

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 (HFS&FO) unit were on-site at Crystal Lake from October 22, 2024, through October 29, 2024, for a complaint investigation survey. During this survey, the surveyors identified multiple violations, including, but not limited to, the following:

- The facility failed to provide services necessary to prevent physical abuse of a resident (facility staff witnessed a certified nurse aide kick a resident and a smoking monitor hit the same resident with his fist), failed to follow facility policies and failed to conduct a timely and thorough investigation. The resident was admitted to the hospital with diagnoses of splenic laceration, subcapsular hematoma, and an active bleed.

- The facility used a physical hold restraint for a resident with a known history of physically aggressive behaviors towards others and diagnoses of Traumatic Brain Injury, Impulse Disorder and Schizoaffective Disorder.
- The facility failed to implement care plan interventions for a resident with a known history of physically aggressive behaviors towards others and diagnoses of Traumatic Brain Injury, Impulse Disorder and Schizoaffective Disorder.
- The facility's Licensed Nursing Home Administrator failed to: provide services necessary to prevent physical abuse for a resident; follow the facility's abuse policy by allowing staff members to continue to work with other residents after an abuse allegation occurred; conduct a timely and thorough investigation for a reported witnessed allegation of staff to resident physical abuse; provide accurate and original witness statements to the surveyors for an abuse investigation; and implement care plan interventions for a resident with a known history of physically aggressive behaviors towards others and diagnoses of Traumatic Brain Injury, Impulse Disorder, and Schizoaffective Disorder.
- The facility failed to ensure staffing ratios pursuant to N.J.S.A. 30:13-18 (Minimum Staffing Requirements for Nursing Homes) were met for 14 of 14-day shifts and 6 of 14 overnight shifts reviewed.
- The facility failed to provide at least minimum staffing levels pursuant to N.J.A.C. 8:39-25.2(b)(1)&(2) (Mandatory Nurse Staffing) for 2 of 14 days.

Staff from the Department's HFS&FO unit were on-site at Crystal Lake from December 23, 2024, through December 30, 2024, for a complaint investigation survey. During this survey, the surveyors identified multiple violations, including, but not limited to, the following:

- The facility failed to prevent physical and verbal abuse towards a resident from a staff member, and staff members who witnessed the abuse failed to intervene and report the incident. During an interview conducted on December 23, 2024, a Licensed Practical Nurse stated she recorded a video on her cellphone on June 20, 2023, of the Director of Nursing hitting a resident with a broom. The Licensed Practical Nurse sent the video to a friend, and it was posted to a social media website. On the video, the Director of Nursing could be heard asking the staff who were present during the incident to go get another staff member, and then the Director of Nursing said, "before I kill this man." On December 21, 2024, the local police went to the facility to investigate an abuse allegation after receiving notification that the video was circulating online. A review of the facility's reportable event form revealed that the facility's Director of Nursing conducted the investigation into the incident in which she was directly involved.

As a result of these violations, all residents in the facility are at an immediate and serious risk of harm.

CURTAILMENT OF ADMISSIONS

As you were notified by telephone on January 16, 2025, effective immediately upon notification, the Department ordered the curtailment of new admissions to Crystal Lake. The facility census at the time of the order was 195. 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 in Crystal Lake during its on-site inspections 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:

- a. The facility must retain the full-time, on-site services of an Administrator Consultant who is a New Jersey Licensed Nursing Home Administrator. 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.
- b. The facility must retain the full-time, on-site services of a Registered Nurse to begin providing services to the facility as a consultant Director of Nursing.

The two 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, Carol.Fogarty@doh.nj.gov, Arlene.McNinch@doh.nj.gov, Rhonda.Faust@doh.nj.gov, Lisa.King@doh.nj.gov, Jean.Markey@doh.nj.gov and Gene.Rosenblum@doh.nj.gov by 12 p.m. on January 23, 2025. The approved consultants shall be retained and begin work no later than the close of business on January 27, 2025. 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.

Beginning on Friday, January 31, 2025, the facility should send weekly progress reports every Friday by 1:00 p.m. to Kara.Morris@doh.nj.gov, Carol.Fogarty@doh.nj.gov, Arlene.McNinch@doh.nj.gov and Rhonda.Faust@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.

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 to confirm compliance with this order and Directed Plan of Correction and to 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.

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

FORMAL HEARING

Crystal Lake is entitled to contest the curtailment, pursuant to N.J.S.A. 26:2H-14, by requesting a formal hearing at the Office of Administrative Law (OAL). Crystal Lake may request a hearing to challenge any or all of the following: the factual survey findings and/or the curtailment. Crystal Lake must advise this Department within 30 days of the date of this letter if it requests an OAL hearing regarding the curtailment.

Please forward your OAL hearing request to:

Attention: OAL Hearing Requests
Office of Legal and Regulatory Compliance, New Jersey Department of Health
P.O. Box 360
Trenton, New Jersey 08625-0360

Corporations are not permitted to represent themselves in OAL proceedings. Therefore, if Crystal Lake is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Crystal Lake is further required to submit a written response to each and every charge as specified in this notice, which shall accompany its written request for a hearing.

Failure to submit a written request for a hearing within 30 days from the date of this notice will render this a final agency decision. The final agency order shall thereafter have the same effect as a judgment of the court. The Department also reserves the right to pursue all other remedies available by law.

Due to the emergent situation and the immediate and serious risk of harm posed to the residents, the Department will not hold the curtailment in abeyance during any appeal of the curtailment.

Thank you for your attention to this important matter and for your anticipated cooperation. If you have any questions concerning the Curtailment of Admissions Order or Directed Plan of Correction, please contact Lisa King, Office of Program Compliance, at Lisa.King@doh.nj.gov.

Sincerely,



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

LK:JLM:nj
DATED: January 22, 2025
E-MAIL
Control #X25013

C. Order Distribution List