STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0L9278	A. BUILDING: _____ B. WING _____	C 11/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MARLBORO	3A SOUTH MAIN STREET MARLBORO, NJ 07746

(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) COMPLETE DATE
A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ176422 CENSUS: 72 SAMPLE SIZE: 3 SURVEY DATE: 11/21/2025 - 11/23/2025 The facility is not in substantial compliance with all the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs, based on this Complaint Survey. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000		
A 310	8:36-3.4(a)(1) Administration (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 01/05/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0L9278	A. BUILDING: _____ B. WING _____	C 11/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MARLBORO	3A SOUTH MAIN STREET MARLBORO, NJ 07746

(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) COMPLETE DATE
A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
NJ176422

Based on interview, record review, and facility document and policy review, the Administrator failed to ensure staff implemented the facility's NJ Exec policy for 1 (Resident #1) of 3 sampled residents reviewed for NJ Exec Or Specifically, Resident #1 NJ Exe on NJ Exec Order 26.4b1 and the facility did not ensure a NJ Exec O evaluation with any necessary care plan update was completed per the facility's policy.

Findings included:

A facility policy titled, "Fall Management Program," dated 08/2022 in section "A. Immediate Steps," revealed, "The Care Plan update is completed as a part of the Post Fall Evaluation UDA [user-defined assessment, a tailored evaluation tool used to provide a customized assessment]."

A "Move In Record" indicated the facility admitted Resident #1 on NJ Exec Order 26.4b1. According to the Move In Record, the resident had a medical history that included diagnoses of NJ Exec Order 26.4b1

Resident #1's "Service Plan Report" included focus area, revised NJ Exec Order 26.4b1, that indicated the resident was at risk for NJ Exec Or Interventions directed staff to: observe and report any change in NJ Exec or NJ Exec Order 26.4 NJ Exec Order 26.4b1 remind the resident to NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 ; evaluate/assess for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0L9278	A. BUILDING: _____ B. WING _____	C 11/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MARLBORO	3A SOUTH MAIN STREET MARLBORO, NJ 07746

(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) COMPLETE DATE
A 310	Continued From page 2 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 and/or environmental factors that could contribute to a NJ Exe such as NJ Exec Order 26.4b1 [redacted] NJ); invite, encourage and assist the resident to participate in activities that promote exercise NJ Exec Order 26.4 activity for NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 and NJ Exec Order 26.4 such as NJ Exec Order 26.4b1 (initiated NJ Exec Order 26.4b1; and to inform the resident and their caregivers about safety reminders and what to do if a NJ Exe occurs (revised NJ Exec Order 26.4b1). Resident #1's "Service Plan Report" included focus area, revised NJ Exec Order 26.4b1, that indicated the resident had a NJ Exec Order 26.4b1 with a NJ Exec Order 26.4b1. Interventions directed staff to: evaluate for changes in NJ Exec Order 26.4b1 after NJ Exec Order and before moving the resident (initiated NJ Exec Order 26.4b1; evaluate, monitor, observe and report any changes for three days after a NJ Exe NJ Exec Order 26.4b1; provide first aide if indicated and obtain assistance from emergency services (EMS) if appropriate NJ Exec Order 26.4b1); evaluate the environment at the time and location of the NJ Exe and attempt to identify and factors that may have contributed to the NJ Exe such as NJ Exec Order 26.4b1, the NJ Exec not being in the NJ Exec Order 26.4b1, NJ Exec Or [redacted] (initiated NJ Exec Order 26.4b1; obtain, record and report vital signs (measurements including body temperature, heart rate, respiratory rate, and blood pressure that indicate the status of the body's vital functions) after a NJ Exe and as ordered by the physician (NJ Exec Order 26.4b1NJ); remind the resident to use NJ Exec Order 26.4b1 like the walker (initiated NJ Exec Order 26.4b1; check on the resident two to four times per shift as needed (initiated NJ Exec Order 26.4b1);	A 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0L9278	A. BUILDING: _____ B. WING _____	C 11/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MARLBORO	3A SOUTH MAIN STREET MARLBORO, NJ 07746

(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) COMPLETE DATE
A 310	Continued From page 3	A 310		

have the resident seen by NJ Exec Order 26.4 for NJ Exec Order 26.4b after the resident had NJ Exec Orde as ordered by the NJ Exec Order 26.4b1 ; evaluate and monitor the resident NJ Exec Order 26.4 (initiated NJ Exec Order 26.4b1); check on the resident for need of assistance and to offer NJ Exec Order 26.4b1 (revised NJ Exec Order 26.4b1; and to encourage, invite the resident to attend activities that promote NJ Exec Order 26.4b1 NJ Exec Order 26.4 if resident is unable to attend provide similar one-on-one activities (revised NJ Exec Order 26.4b1.

Medical Care Manager (MCM) #7's signed, handwritten "Statement of Event," dated NJ Exec Order 26.4b1, revealed Resident was NJ Exec Order 26.4b1 in the hallway, the resident was assessed for NJ Exec Order notifications were made, and the resident was transferred to a hospital.

Resident #1's "After Visit Summary," medical records, dated NJ Exec Order 26.4b1, revealed the reason for a visit to the hospital was a NJ Exe and included NJ Exec Order 26.4b1 discharge instructions.

During an interview on 11/23/2025 at 11:44 AM, the Executive Director (ED) stated Resident #1 NJ Exe on NJ Exec Order 26.4b1 at 9:14 AM. The ED stated MCM #7 heard Resident #1 NJ Exec Order 2 checked for NJ Exec Order 26.4 took vital signs (measurements including body temperature, heart rate, respiratory rate, and blood pressure that indicated the status of the body's vital functions), called the Resident Care Director (RCD), and immediately called NJ Exec . The ED reviewed the information about Resident's #1's NJ Exe on NJ Exec Order 26.4b1 and the ED stated they could not locate a NJ Exec Order 26.4b evaluation or care plan intervention for the NJ Exec

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0L9278	A. BUILDING: _____ B. WING _____	C 11/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MARLBORO	3A SOUTH MAIN STREET MARLBORO, NJ 07746

(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) COMPLETE DATE
A 310	Continued From page 4 During an interview on 11/23/2025 at 12:52 PM, the ED revealed that it was her expectation that the wellness nurse or RCD write a nursing progress note, do a [NJ Exec Order 26.4] evaluation, and initiate interventions for the [NJ Exec] During an interview on 11/23/2025 at 12:55 PM, the RCD revealed that she was not employed at the facility at the time of Resident #1's [NJ Exec] on [NJ Exec Order 26.4b1], and she was not aware of the [NJ Exec] The RCD revealed it was her expectation that the wellness nurse or the RCD, at the time of the [NJ Exec] write a nursing progress note, do a [NJ Exec Order 26.4] evaluation, and initiate interventions for a [NJ Exec]	A 310		
A 389	8:36-4.1(a)(16) Resident Rights (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: 16. The right to be free from physical and mental abuse and/or neglect; This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility document and policy review, the facility failed to ensure Resident #2 was [NJ Exec O] from [NJ Exec Order 26.4] Specifically, the facility failed to ensure adequate staff assistance was provided during a [NJ Exec Order 26.4b1]er for 1 (Resident #2) of 3	A 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0L9278	A. BUILDING: _____ B. WING _____	C 11/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MARLBORO	3A SOUTH MAIN STREET MARLBORO, NJ 07746

(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) COMPLETE DATE
A 389	Continued From page 5	A 389		

residents reviewed for NJ Exec Or Resident #2 sustained a NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 as a result of staff not providing the appropriate assistance during the use of a NJ Exec Order 26.4b1.

It was determined the facility's non-compliance with one or more requirements had caused, or was likely to cause, serious injury, serious harm, serious impairment, or death to residents.

On 11/23/2025 at 3:28 PM, the facility's Executive Director (ED) was verbally informed of the immediacy of the situation involving inadequate staffing during the transfer.

Findings included:

During an interview on 11/23/2025 at 12:54 PM, the ED stated the facility did not have a policy regarding the number of staff required to transfer a resident with a NJ Exec Order 26.4b1. The ED stated the facility followed state guidelines, and all staff knew that they needed two staff members to transfer a resident with a NJ Exec Order 26.4b1.

A "LTC [Long Term Care] Reportable Event Survey," record, dated NJ Exec Order 26.4b1 at 2:15 PM, revealed a significant event that occurred on NJ Exec Order 26.4b1 at 1:45 PM. The record revealed when Resident #2 was transferred by two care managers (CM) with a NJ Exec Order 26.4b1, the resident NJ Exec Order 26 of the NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1 of the NJ Exec Ord and NJ Exec O r. The record revealed Resident #2 was sent to the hospital for evaluation and returned on the night of NJ Exec Order 26.4b1. The record revealed the ED was onsite when the incident occurred, investigated the incident, and ruled out any malfunction in the NJ Exec Order 26.4b1. The record revealed Resident #2 had NJ Exec Order 26.4b1 due

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0L9278	A. BUILDING: _____ B. WING _____	C 11/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MARLBORO	3A SOUTH MAIN STREET MARLBORO, NJ 07746

(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) COMPLETE DATE
A 389	Continued From page 6	A 389		

to a diagnosis of NJ Exec Order 26.4b1). The record revealed both care managers involved with Resident #2's NJ Exec Order 26.4b1 were seasoned care managers, and no one was NJ Exec Order 26.4b1 since NJ Exec Order 26 and NJ Exec Order were immediately ruled out. The record revealed the Nurse Practitioner and Resident #2's family member were notified of the incident.

An undated "Incident Summary and Conclusion" revealed, "Conclusion: This incident was thoroughly reviewed, and NJ Exec Order and NJ Exec Order 26 were conclusively ruled out."

A "Move In Record," indicated the facility admitted Resident #2 on NJ Exec Order 26.4b1. According to the Move In Record the resident had a medical history that included a diagnosis of NJ Exec O

Resident #2's electronic medical record (EMR) undated care profile titled "Care Services," revealed the resident used a NJ Exec Order 26.4b1 wheelchair and required a NJ Exec Order 26.4b1 with assistance for transfers.

Resident #2's "Service Plan Report" included a focus area, initiated NJ Exec Order 26.4b1 that indicated the resident had NJ Exec Order 26.4 and NJ Exec Order 26.4b1 needs. Interventions directed staff: to use a NJ Exe with NJ Exec Order 26.4b1 (initiated NJ Exec Order 26.4b1; provide NJ Exec Order 26.4b1 (requiring more time than usual) due to the use of a NJ Exec Order 26.4b1 and to observe and report any changes in NJ Exec Order 26.4b1 The interventions indicated Resident #2 used an NJ Exec Order 26 wheelchair to assist with NJ Exec Order 26.4b1

Resident #2's "Service Plan Report" included a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0L9278	A. BUILDING: _____ B. WING _____	C 11/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MARLBORO	3A SOUTH MAIN STREET MARLBORO, NJ 07746

(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) COMPLETE DATE
A 389	Continued From page 7	A 389		

focus area, initiated NJ Exec Order 26.4b1 that indicated Resident #2 had an actual NJ Exe during a NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 . Interventions directed staff to: evaluate the resident's environment at the time and location of the NJ Exe and attempt to identify any factors that may have contributed to the NJ Exe such as NJ Exec Order 26.4b1 , that the resident was NJ Exec Order 26.4b1 , that the resident not NJ Exec Order 26.4b1 , that NJ Exec Order 26.4b1 , and to report findings to a supervisor (initiated NJ Exec Order 26.4b1 to report any NJ Exec Order 26.4b1 and be NJ Exec Order 26. the resident's NJ Exec O was NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 during NJ Exec Order 26.4b1 (initiated NJ Exec Order 26.4b1 to use NJ Exec Order 26.4b1 for use of a NJ Exec Order 26.4b1 care managers to assist for safe NJ Exec Order 26.4b1 (initiated NJ Exec Order 26.4b1 ; immediately report any new onset of NJ Exec Order 26.4b1 ; ensure a NJ Exec Order 26.4b1 was used for NJ Exec Order 26.4b1 and to encourage and assist the resident to remain in bed if the resident's safety was at risk (initiated NJ Exec Order 26.4b1 and to report any verbal or nonverbal indications of NJ Exec O before, during, and after transfers and other concerns (initiated NJ Exec Order 26.4b1).

A nurse's "NJ Exec Progress Note," dated NJ Exec Order 26.4b1 at 3:38 PM, revealed the NJ Exe was witnessed in Resident #2's room on NJ Exec Order 26.4b1 at 1:45 PM. The record indicated the NJ Exe resulted in an NJ Exec Orde to the resident. The record indicated the licensed practical nurse (LPN) assessed the resident and stated the resident NJ Exec Order 26.4b1 and complained

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0L9278	A. BUILDING: _____ B. WING _____	C 11/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MARLBORO	3A SOUTH MAIN STREET MARLBORO, NJ 07746

(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) COMPLETE DATE
A 389	Continued From page 8	A 389		

of NJ Exec Order 26.4b1 and NJ Exec Order 26.4. The record indicated Resident #2's family member was notified of the incident on NJ Exec Order 26.4b1 at 1:55 PM. The record indicated the nurse practitioner (NP) was notified of the incident on NJ Exec Order 26.4b1 at 3:50 PM, and no new orders were received. The note indicated the Service Plan was reviewed, and no updates were needed at that time.

A nurse's "Move In/Return Note," dated NJ Exec Order 26.4b1 at 6:53 AM. revealed Resident #2 returned to the facility on NJ Exec Order 26.4b1 at around 3:00 AM via ambulance. The record indicated Resident #2 was NJ Exec O and NJ Exec Order 26.4b1 The record indicated Resident #2 reported NJ Exec Order 26.4b1 to the NJ Exec Order 26.4b1 The record indicated NJ Ex was noted around the NJ Exec Orde, and there were no signs of NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 The record indicated Resident #2 had a new prescription for NJ Exec O medication that was sent to the pharmacy, and vital signs (measurements including body temperature, heart rate, respiratory rate, and blood pressure that indicated the status of the body's vital functions) were noted to be within NJ Exec Order 26.4b1 The record indicated Resident #2 had a NJ Exec Order 2 to the NJ Exec Order 26.4b1 above the NJ Exec Order 26.4b1 a NJ Exec Order 26.4b1, and a NJ Exec Order 26.4b1

During an interview on 11/21/2025 at 12:58 PM, Lead CM #1 stated that Resident #2 required NJ Exec transfers. Lead CM #1 stated another resident's call bell sounded before Resident #2 was NJ Exec Order 26.4b1 CM #2 went to answer the call bell, and then CM #2 returned to Resident #2's room. Lead CM #1 stated that CM #2 was standing behind Lead CM #1 when Lead CM #1 began NJ Exec Order 26.4b1 Resident #2 from the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0L9278	A. BUILDING: _____ B. WING _____	C 11/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MARLBORO	3A SOUTH MAIN STREET MARLBORO, NJ 07746

(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) COMPLETE DATE
A 389	Continued From page 9	A 389		

NJ Exec Order 26.4b1 wheelchair to bed. Lead CM #1 stated Resident #2 was leaning toward the resident's NJ Exec Order 26.4b1 Lead CM #1 indicated the incident happened very quickly, and she could not stop Resident #2 from NJ Exec Order 2 Lead CM #1 indicated that Resident #2 had NJ Exec Order 26.4b1. Lead CM #1 had no explanation when asked why CM #2 was standing behind Lead CM #1 instead of near the resident.

During an interview on 11/21/2025 at 1:02 PM, CM #2 stated that she left the room to answer a call bell for another resident before Resident #2's NJ Exec Order 26.4b1 began. CM #2 revealed that she came back in Resident #2's room and was standing behind Lead CM #1 when Lead CM #1 initiated the NJ Exec Order 26.4b CM #2 stated Resident #2 NJ Exe from the NJ Exec Or onto their NJ Exec Order 26.4b1.

During an interview on 11/21/2025 at 1:17 PM, Resident #2 stated one CM stepped out of the room to answer a call bell, and only one CM was in the room when the NJ Exec Order 26.4 began. Resident #2 indicated that they NJ Exe on their NJ Exec Order 26.4b1 and NJ Ex their NJ Exe on the NJ Exec Order 26.4b1. Resident #2 indicated the incident was NJ Exec Order 26.4b1 but the resident did not think the CMs dropped the resident NJ Exec Order 26.4b1

During an interview on 11/22/2025 at 8:03 AM, the Resident Care Director (RCD) revealed that caregivers should be at opposite ends of a resident during a NJ Exec Order 26.4 with a NJ Exec Order 26.4b1.

During an interview on 11/22/2025 at 8:05 AM, the Executive Director (ED) revealed that it was her expectation that the caregivers be at opposite ends of the resident during a NJ Exec Order 26.4b1 , with one staff member guiding the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0L9278	A. BUILDING: _____ B. WING _____	C 11/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MARLBORO	3A SOUTH MAIN STREET MARLBORO, NJ 07746

(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) COMPLETE DATE
A 389	Continued From page 10 resident's [NJ Exec Or] During a follow-up interview on 11/22/2025 at 1:18 PM, CM #2 could not explain why she was not in position to [NJ Exec Order 26.] or [NJ Exec Order 26.4] Resident #2 before Lead CM #1 started the NJ Exec Order 26.4b1 of Resident #2 on NJ Exec Order 26.4b1 CM #2 continued to assert that she was in the room when the [NJ Exec Order 26.] started, and acknowledged that [NJ Exec Order 26.4] were required when NJ Exec Order 26.4b1 a resident with a NJ Exec Order 26.4b1. During a follow-up interview on 11/22/2025 at 1:23 PM, Lead CM #1 indicated that she did not move Resident #2 with the NJ Exec Order 26.4b1 until CM #2 arrived back in Resident #2's room. Lead CM #1 indicated that when she began to move Resident #2, CM #2 was walking around to get in position when Resident #2 NJ Exec Order 26.4b1 onto the [NJ Exec Or] Lead CM #1 could not explain why CM #2 was not in position before Lead CM #1 started NJ Exec Order 26.4b1 Resident #2. During an interview on 11/23/2025 at 12:53 PM, the RCD stated it was her expectation that two staff members be positioned in the room, with one staff member operating the NJ Exec Order 26.4b1 and the other staff at the head of the resident, and the two staff members at opposite ends of the resident during the [NJ Exec Order 26.] of a resident with a NJ Exec Order 26.4b1 The RCD stated a [NJ Ex Order 26.4(b] by the NJ Exec Order 26.4b1 should not proceed until both staff were in position. During an interview on 11/23/2025 at 12:54 PM, the ED stated it was her expectation that two staff members be in the room, with one staff member operating the NJ Exec Order 26.4b1 and the other staff member at the head of the resident, during a resident [NJ Exec Order 26.] with a NJ Exec Order 26.4b1 The ED	A 389		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0L9278	A. BUILDING: _____ B. WING _____	C 11/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MARLBORO	3A SOUTH MAIN STREET MARLBORO, NJ 07746

(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) COMPLETE DATE
A 389	Continued From page 11 stated that a NJ Exec Order 26.4b1 transfer should not proceed until both staff were in position.	A 389		
A 565	8:36-5.10(a)(3) General Requirements (a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately by telephone at (609) 633-9034 (609) 392-2020 if after business hours, followed within 72 hours by written confirmation, of the following: 3. Any suspected cases of resident abuse or exploitation which have been reported to the State Long-Term Care Ombudsman. This REQUIREMENT is not met as evidenced by: NJ176422 Based on interview, record review, and facility document review, the facility failed to ensure 1 (Resident #1) of 1 sampled resident reviewed for an NJ Exec Order 26.4b1 was reported within 72 hours. Specifically, on NJ Exec Order 26.4b1 a NJ Exec Order on Resident #1's NJ Exec Orc was reported to the facility by a family member, but the NJ Exec Order 26.4b1 was not reported to the state agency until NJ Exec Order 26.4b1. Findings included: A "Move In Record" indicated the facility admitted	A 565		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0L9278	A. BUILDING: _____ B. WING _____	C 11/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MARLBORO	3A SOUTH MAIN STREET MARLBORO, NJ 07746

(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) COMPLETE DATE
A 565	Continued From page 12	A 565		

Resident #1 on NJ Exec Order 26.4b1. According to the Move In Record, the resident had a medical history that included diagnoses of NJ Exec Order 26.4b1

Resident #1's nurse progress note dated NJ Exec Order 26.4b1 at 8:05 PM, revealed Resident #1's family member informed the nurse they noted a NJ Exec Orde on Resident #1's NJ Exec Orde The record revealed the care manager (CM) for that shift stated that the resident had NJ Exec Order 26 that she was aware of during that shift. The record revealed a "NJ Exec Order 26.4b1 NJ Ex Order 26 was noted with a NJ Exec Order 26.4b1 in the NJ Exec Order of the NJ Exec Order 2 The record revealed Resident #1 was on a NJ Exec Order 26.4b1 medication, NJ Exec Order 26 The record revealed the medical doctor and the Resident Care Director (RCD) were made aware of Resident #1's NJ Exec Order The record revealed Resident #1 was sent to the hospital for further evaluation.

A nurse's "Communication with Family Progress Note[s]," dated NJ Exec Order 26.4b1 at 5:26 PM, revealed a meeting was held with the family regarding the NJ Exec Order 26.4 and a NJ Exec Orde on Resident #1's NJ Exec Orde The record revealed an investigation of the incident was completed, and staff were unaware of any NJ Exec Order 26.4b1. The record revealed the family stated the NJ Exec Order seemed to be "NJ Exec Order 26.4b1 and the family was NJ Exec Orde that care managers did not notice the area. The record revealed re-education was provided to staff regarding communication, reporting to wellness staff, and reporting NJ Exec Order 26 and NJ Exec O observations.. The record revealed Resident #1 had no medical issues, and there had been no reason to suspect an NJ Exec Orde prior to finding the NJ Exec Order 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0L9278	A. BUILDING: _____ B. WING _____	C 11/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MARLBORO	3A SOUTH MAIN STREET MARLBORO, NJ 07746

(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) COMPLETE DATE
A 565	Continued From page 13	A 565		

A "LTC [Long Term Care] Reportable Event Survey," record, dated NJ Exec Order 26.4b1, revealed a significant event with an NJ Exec Orde occurred on NJ Exec Order 26.4b1 at 1:30 PM. The record revealed Resident #1 was taken out for lunch by family members, and on return to the facility a family member reported Resident #1 had a NJ Exec Orde on their NJ Exec Orde

An 'NJ Exec Order 26.4b1 record, dated NJ Exec Order 26.4b1, revealed that on NJ Exec Order 26.4b1, Resident #1 was escorted out to lunch by family members, and upon returning to the facility a family member reported to the nurse a NJ Exec Orde on the NJ Exec Or of Resident #1's NJ Exec Orde The record revealed the nurse assessed the resident, and found a NJ Exec Or The record revealed Resident #1's family members stated Resident #1 did NJ Exec Order 26.4b1. The record revealed all team members were interviewed as part of the investigation, and no one reported any NJ Exec O or incidents that could have resulted in the NJ Exec Order 2 The record revealed, "Since there was no report of any incidents here at the community, there was suspicion this may have happened while out of the community with [family members]."

During an interview on 11/23/2025 at 12:52 PM, the Executive Director (ED) revealed that the NJ Exec Order 26.4b1 was reported late because she felt that the NJ Exec Orde did not occur at the facility. The ED stated Resident #1 went out to lunch with their family members, and when Resident #1 returned, the family members stated that Resident #1 had a NJ Exec Order 26.4b1 . The ED stated that when she interviewed staff, no one saw a NJ Exec O on the Resident #1's NJ Exec Orde and the resident's NJ Exec was NJ Exec Order 26.4l on that day before going out with family. The ED indicated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0L9278	A. BUILDING: _____ B. WING _____	C 11/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MARLBORO	3A SOUTH MAIN STREET MARLBORO, NJ 07746

(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) COMPLETE DATE
A 565	Continued From page 14 after a discussion with regional team it was decided that the [NJ Exec Orde] should be reported as an NJ Exec Order 26.4b1 . The ED indicated that it was her expectation that all NJ Exec Order 26.4b1 [NJ Exec Orde] were to be reported within 72 hours and staff should report all [NJ Exec Order 26] immediately. During an interview on 11/23/2025 at 12:55 PM, the Resident Care Director (RCD) revealed that she was not employed at the facility at the time of Resident #1's NJ Exec Order 26.4b1 , and she was not aware of the [NJ Exec Order] The RCD indicated that it was her expectation that all [NJ Exec Order 26.4b1] were reported within 72 hours. The RCD indicated that the information was not in a policy but was included in incident training.	A 565		

POC #1 received 1/6/26
Accepted 1/8/26

SUNRISE
SENIOR LIVING

Sunrise Senior Living

Plan of Correction

Name of Facility: Sunrise Senior Living of Marlboro

Address of Facility: 3A South Main Street

License number: 0L9278

Inspection date(s): 11/22/2025

Name and Title of Legal Entity: **Sunrise Senior Living of Marlboro NJ**

Representative Signing the Plan of Corrections: NJ Exec Order 26.4b1

Signature of Sunrise Representative:

Date of Submission: 01/05/2026

A310, 8.36 -3.4 (a)(1) – Administration

Target Completion Date: 01/05/2026

1.) Resident #1 had a NJ Exec Order 26.4b1 Resident #1 was sent out to the hospital for further evaluation on NJ Exec Order 26.4b1 Resident #1 returned to the community on NJ Exec Order 26.4b1 with a diagnosis of a NJ Exec Order 26.4b1 Upon return, there was no NJ Exec Order 26.4b1 evaluation completed. There were no updates to Resident #1's service plan upon returning from the hospital. Resident #1 was discharged from the community on NJ Exec Order 26.4b1

2.) All residents in the community have the potential to be affected by this deficient practice. RCD conducted an audit on 12/30/2025 to confirm residents with documented falls from 11/30/2025 up until 12/30/2025 have a complete Post -Fall evaluation and their service plans have been updated.

3.) . On 12/29/2025, the Executive Director conducted an in-service with the Resident Care Director that included completing Post-Fall Evaluations for each fall per "Fall Management Program". On 12/29/25 the Resident Care Director initiated re-training to direct care staff, including care managers, certified medication managers, and licensed practical nurses on

the community's "Fall Management Program" as well as the policies titled "Incident and Event Reporting", and "Individualized Service Plans." Training was initiated on 12/29/2025 and the target completion date is 01/05/2026. The current policies and management programs address "Post-Fall Evaluations" and updating "Individualized Service Plans" as necessary.

4.) The Resident Care Director will complete a monthly audit of falls for two months to ensure a Post-Fall evaluation and service plan updates have been completed. This audit will begin 1/1/25. This Plan of Correction to ensure compliance of "Post-Fall Evaluations" and "Individualized Service Plans" policies will be discussed and evaluated quarterly for 2 quarters by the Executive Director or designee and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If it is not effective, it will be amended, and a new Plan of Correction and training will be implemented and monitored to verify that the violations do not occur again. The QAPI meeting discussion will be initiated on 1/14/2026 and will be reviewed for 2 quarters.

5.) Target Completion Date: 1/5/2026

approved KF 1/8/26

A389 8:36-4.1(a)(16) Residents Rights

Target Completion Date: 01/21/2026

1. On 7/1 /2025 Resident #2 was evaluated by NJ Exec Order 26.4b1 to determine the appropriat NJ Exec Order 26.4b1 per Resident #2's NJ Exec Order 26.4b1 On 7/9/2025 Resident #2 received the a NJ Exec Order 26.4b1 . Resident #2 continues to reside in the community and NJ Exec Order 26.4b1 , Resident #2's service plan was updated to include utilization of the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 level was NJ Exec Order 26.4b1

2. All residents who require transfers via mechanical lift have the potential to be affected by this deficient practice. Following the event, no other residents have been affected by this deficient practice.

3. The care managers who failed to ensure Resident #2's safety by providing adequate staff assistance during a NJ Exec Order 26.4b1 received formal counseling from the Executive Director on 7/3/2025. On 7/8/2025 care staff , including Care Managers, Medication Care Managers, Licensed Practical Nurses and Registered were re-trained on proper NJ Exec Order 26.4b1 echniques by a physical therapist. This training included comprehensive instruction on safe operation and resident handling procedures. Following the retraining, on 7/8/25 residents requiring NJ Exec Order 26.4b1 ransfers were assessed by physical therapy to ensure they had properly-fitted NJ Exec Order 26.4b1 On 12/29/25 the Executive Director re-educated the Resident Care Director and care staff which included, Care Managers, Medication Care Managers, Licensed Practical Nurses and Registered Nurses on

the "Residents Rights" Policy, emphasizing the importance of proper training and care practices to minimize the risk of resident injury.

4. This plan of correction to ensure all residents are provided adequate assistance during all mechanical lift transfers will be conducted by the Resident Care Director completing 3 random checks of mechanical lift transfers weekly x4 weeks. Random spot checks were initiated on 12/24/2025 and will be completed on 01/21/2026. This plan of correction to ensure compliance of "Residents Rights" Policy will be evaluated quarterly for 2 quarters by the Executive Director or designee and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If it is not effective, it will be amended, and a new Plan of Correction and training will be implemented and monitored to verify that the violations do not occur again. The QAPI meeting discussion will be initiated on 1/14/2026 and will be reviewed for 2 quarters.
5. **Target Completion Date: 01/21/2026**

approved KF 1/8/26

A 565, 8:36 – 5.10 (a)(3)- General Requirements

Target Completion Date: 01/23/2026

1. Resident #1 was sent to Emergency Room following notification of a NJ Exec Order 26.4b1 f NJ Exec Order 26.4b1 The Department of Health was notified of event on NJ Exec Order 26.4b1 Resident no longer resides in the community as of NJ Exec Order 26.4b1
2. All residents in the community have the potential to be affected by this deficient practice.
3. The Resident Care Director will re-educate the care team, including care managers, medication care managers, and licensed practical nurses on "Incident and Event Reporting" beginning on 01/05/2026 and projected to be completed by 01/12/2026. Additionally, incidents within the last 30 days , 11/23/2025 - 12/23/2025, have been reviewed by the Resident Care Director and Executive Director to ensure that any reportable incident have been reported to the Department of health in a timely manner. The Regional Director of Operations re-educated the Executive Director on 12/23/2025 on timely reporting to the Department of Health of any unknown injury immediately.
4. The Executive Director and Resident Care Director will review incidents in the community weekly x4 weeks to ensure any reportable incident has been reported to the Department of Health beginning 12/26/2025 . This plan of correction to ensure compliance of "Incident and Event Reporting" policy will be discussed and evaluated quarterly for 2 quarters by the Executive Director or designee and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If it is not effective, it will be amended, and a new Plan of Correction and training will be implemented and monitored to verify that the violations do not occur again. The

QAPI meeting discussion will be initiated on 1/14/2026 and will be reviewed for 2 quarters

5. **Target Completion Date: 01/23/2026**

approved 1/8/26
KF

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
0L9278 Y1	A. Building B. Wing Y2	1/8/2026 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MARLBORO	3A SOUTH MAIN STREET MARLBORO, NJ 07746

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 A0310 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 01/05/2026	ID Prefix A0389 Reg. # 8:36-4.1(a)(16) LSC	Correction Completed 01/21/2026	ID Prefix A0565 Reg. # 8:36-5.10(a)(3) LSC	Correction Completed 01/23/2026
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	**REVIEWED BY (INITIALS)**	**DATE**	**SIGNATURE OF SURVEYOR**	**DATE**
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**
FOLLOWUP TO SURVEY COMPLETED ON 11/23/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
0L9278	A. Building B. Wing	1/8/2026

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF MARLBORO	3A SOUTH MAIN STREET MARLBORO, NJ 07746

This report is completed by a State surveyor to show those deficiencies previously reported 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 State Survey Report (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 A0310 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 01/05/2026	ID Prefix A0389 Reg. # 8:36-4.1(a)(16) LSC	Correction Completed 01/21/2026	ID Prefix A0565 Reg. # 8:36-5.10(a)(3) LSC	Correction Completed 01/23/2026
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON
11/23/2025

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**

 EVENT ID: 79F712