New Jersey Department of Health

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 05/31/2024

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 (FRE) COMPLAINT #: NJ00173938 CENSUS: 60 SAMPLE SIZE: 3 The facility is not in substantial compliance with all of 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. 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 06/27/24

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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint#: NJ00173938

Based on interview, record review, and pertinent facility documents, it was determined that the facility Executive Director (ED) failed to enforce the policy and procedure titled, [redacted] for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:

On 5/19/24, the Department of Health (DOH) received a Facility Reportable Event Report (FRE), a document used by healthcare facilities to report incidents to the DOH. The report revealed that on [redacted] at approximately 5:30 p.m., Resident #2 [redacted].

The surveyor reviewed the facility policy and procedure titled "Fall Management" which indicated, " ... 6) Increased monitoring of resident. a) Evaluate if falls are occurring at a certain time of day/night or during certain activities such as bathing or nighttime use of the toilet. b) Specific locations of monitoring and times of increased monitoring must be included in the Individual Service Plan ..."

On 5/31/24 at 9:35 a.m., the surveyor reviewed the medical record (MR) of Resident #2, who moved into the facility in [redacted] with diagnoses which included [redacted]

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A 310	Continued From page 2	A 310		

NJ ex order 26.4b1. Review of the Progress Notes (PN) dated NJ ex order 26.4b at 12:48 p.m., written by a Registered Nurse (RN), revealed that Resident #2 NJ ex order 26.4b1.

Review of Resident #2' medical record revealed the NJ ex order 26.4b1

1. The PN dated NJ ex order 26.4b at 14:54 [2:54] p.m., written by a RN indicated that the NJ ex order 26.4b1

According to the PN, NJ ex order 26.4b1, and the resident NJ ex order 26.4b1

2. The PN dated 3/31/24 at 22:30 [10:30] p.m., written by a Licensed Practical Nurse (LPN) indicated that the resident NJ ex order 26.4b1 NJ ex order 26.4b1 According to the PN NJ ex NJ ex order 26.4b1.

3. The PN dated 5/14/24 at 19:46 [7:46] p.m., written by a RN NJ ex order 26.4b1 . In addition, the RN documented NJ ex order 26.4b1 NJ ex order 26.4b1 NJ ex order 26.4b1.

The PN dated 5/15/24 at 14:46 [2:46] p.m., written by a RN documented that the resident NJ ex ord As of NJ ex order 26.4b, survey date the resident NJ ex order 26.4b NJ ex order 26.4b1

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A 310	Continued From page 3 The surveyor reviewed Resident #2's "Individual Service Plan" (ISP) and there was no documented evidence on the ISP to show that the facility monitored the specific locations and times of falls in accordance with their policy. The ISP was not updated until after the resident's NJ ex order 26.4b NJ ex order 26.4b1 when the resident NJ ex order 26.4b1 [redacted] At 10:23 a.m., the surveyor interviewed the Resident Care Director (RCD) who confirmed that Resident #2 NJ ex order 26.4b1 [redacted] and acknowledged that Resident #2's ISP should have been updated to include NJ ex order 26.4b1 [redacted]	A 310		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
0L9278 Y1	A. Building B. Wing Y2	7/12/2024 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 06/19/2024	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
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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	
5/31/2024	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO