

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13A020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/06/2025
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NAME OF PROVIDER OR SUPPLIER SUNRISE OF SHREWSBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 766 BROAD STREET SHREWSBURY, NJ 07702
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(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	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Complaint # NJ00189169</p> <p>Census:85</p> <p>Sample Size: 3</p> <p>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.</p>	A 000		
A 313	<p>8:36-3.4(a)(4) Administrator's Responsibilities</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>4. Ensuring the provision of staff orientation and staff education;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00189169</p> <p>Based on interview and record review, it was determined that the Executive Director (ED) failed</p>	A 313		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

12/19/25

New Jersey Department of Health

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A 313	<p>Continued From page 1</p> <p>to provide staff education after a resident [redacted] the facility for 1 of 3 residents reviewed, Resident #3. This deficient practice was evidenced by the following:</p> <p>On 11/3/2025 at 1:22 p.m., the Department of Health (DOH) received a Facility Reportable Event (FRE) (a document used by health care facilities to report events) dated [redacted] regarding a resident [redacted] from the facility on [redacted]. According to the FRE, on [redacted] the care manager escorted Resident #3 from the [redacted] (NJ Ex Order 26.4(b)(1)) to attend [redacted] on the 2nd floor activity room. Staff noticed that Resident #3 [redacted]. Immediately staff began to search for Resident #3. Further review of the FRE indicated that Resident #3 [redacted] and [redacted] the community at 10:35 a.m. The FRE indicated that the Wellness Nurse assessed Resident #3, and [redacted]. The facility notified the Physician and family.</p> <p>At 9:50 a.m., during the entrance conference with the ED, the surveyor interviewed the ED and inquired about if any education was provided to staff after the [redacted] for Resident #3. The ED explained that the 2 activity aides who were in the activity room, and the front desk staff who was not at the front desk at the time when Resident #3 [redacted]. The ED continued to state that the missing resident drill was conducted monthly. The ED confirmed that she had not conducted any training with staff after the [redacted] of Resident #3.</p> <p>At 10:25 a.m., the surveyor reviewed Resident #3's Electronic Medical Record (EMR) which</p>	A 313		
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A 313	<p>Continued From page 2</p> <p>revealed that Resident #3 had a move in date of NJ ex order 26.4b1</p> <p>At 12:20 p.m., the surveyor was provided with an active team member roster list with 64 names and various disciplines and a sheet of Drill Attendance Record with staff names. The surveyor reviewed the 10/29/2025 document titled, "Drill Attendance Record" for "Missing Resident" for the 1st shift, and observed that only 14 names participated on the drill.</p> <p>At 3:55 p.m., during the exit conference with the ED and the Assistant Living Coordinator (ALC), the surveyor inquired if any education was completed after the NJ Ex Order 26.4(b)(1) incident of Resident #3. The ED confirmed that there was no documented in-service conducted for staff after the NJ Ex Order 26.4(b)(1) incident. The ED further explained that the three staff involved during the NJ Ex Order 26.4(b)(1) incident were given NJ Ex Order 26.4(b)(1)</p> <p>The surveyor reviewed a dated 9/24 facility Elopement Management Program, titled "Missing Resident Drill" which revealed "Missing resident drills are to be conducted by the MC/designee quarterly on all shifts (each shift to hold one drill per quarter) ..."</p> <p>Additionally, the surveyor reviewed the facility policy titled, "Incident and Event Reporting" which revealed "Procedure Statement: 18. The ED/designee shall ensure that team member and volunteers receive orientation and annual training based on state/province regulations ..."</p>	A 313		
A 401	8:36-4.1(a)(22) Resident Rights	A 401		

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A 401	<p>Continued From page 3</p> <p>(a) Each assisted living provider shall 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:</p> <p>22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00189169</p> <p>Based on observation, interview and record review, it was determined that the facility failed to ensure a resident's right to a safe environment for a resident who [redacted] from the facility, for 1 of 3 residents reviewed, Resident #3. This deficient practice was evidenced by the following:</p> <p>On 11/3/2025 at 1:22 p.m., the Department of Health (DOH) received a Facility Reportable Event (FRE) (a document used by health care facilities to report events) dated [redacted], regarding a resident [redacted] NJ ex order 26.4b1 [redacted]. According to the FRE, on [redacted] NJ ex order 26.4b1 [redacted], the care manager escorted Resident #3 from the secured [redacted] NJ Ex Order 26.4(b)(1) unit [redacted] NJ Ex Order 26.4(b)(1) to attend [redacted] NJ Ex Order 26.4(b)(1) on the 2nd floor activity room. Staff noticed that Resident #3 [redacted] NJ ex order 26.4b1 [redacted]. Immediately staff began to [redacted] NJ Ex Order 26.4(b)(1) Resident #3. Further review of the</p>	A 401		
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A 401	<p>Continued From page 4</p> <p>FRE indicated that Resident #3 was located around the corner, and returned to the community at 10:35 a.m. The FRE indicated that the Wellness Nurse assessed Resident #3, and no injury noted, Physician and family were notified.</p> <p>At 9:50 a.m., during entrance conference with the Executive Director (ED), the surveyor inquired about the facility's policy to ensure Resident #3's right to safety due to the recent NJ Ex Order 26.4(b)(1) incident. The ED stated that, there would be additional staff when resident would be attending an activity event. The ED further explained that the front desk staff would not be permitted to leave front desk, until staff would be relieved by another staff member.</p> <p>At 10:25 a.m., the surveyor reviewed the Electronic Medical Record (EMR) which revealed that Resident #3 had a move in date of NJ ex order 26.4 NJ ex order 26.4b1.</p> <p>During exit conference, the surveyor inquired about the facility's surveillance. Both ED and ALC stated that the facility did not have an indoor surveillance, only outdoors on all the exit doors. The surveyor requested a copy of the facility surveillance. The ALC stated that the maintenance director was off on the day of survey. The surveyor requested that the ED send a copy of surveillance, via email.</p> <p>At 4:25 p.m., the surveyor drove to area in which Resident #3 NJ ex order 26.4b1</p> <p>The facility failed to ensure that Resident #3 was</p>	A 401		

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A 401	<p>Continued From page 5</p> <p>safe in the facility, and by failing to monitor Resident #3's NJ ex order 26.4b1 during the facility scheduled 10:00 a.m. activity event.</p> <p>The surveyor reviewed the initial service plan (SP) dated NJ ex order 26.4b, which indicated that Resident #3 would be provided with NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) or NJ Ex Order 26.4(b)(1) as needed in the facility.</p> <p>On 11/7/25, after the survey, the surveyor received an email from the ED with an attachment copy of a screen shot photo dated NJ ex order 26.4b1. The surveyor reviewed the screen shot photo of Resident #3, NJ Ex Order 26.4(b)(1) the facility's NJ Ex Order 26.4(b)(1). The surveyor was not provided with a copy of actual surveillance footage to show when Resident #3 NJ ex order 26.4b1. Further review of the email revealed that the ED stated, NJ ex order 26.4b1.</p> <p>The surveyor reviewed an undated facility policy titled, "Resident Rights" which revealed the following: "Policy: 5. The ED/designee shall ensure that team members and volunteers (and others as required by regulation) receive training on Resident Rights and Responsibilities during onboarding and annually as required by state/province regulations ... a. Training topics will be appropriate to the individual's role ... 6. As per state/provincial regulations the ED/designee shall ensure that violations of resident rights are report..."</p>	A 401		
A 517	<p>8:36-5.6(b)(1-7) Staffing Requirements</p> <p>(b) The facility or program shall develop and</p>	A 517		

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A 517	<p>Continued From page 6</p> <p>implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, the following:</p> <ol style="list-style-type: none"> 1. The provision of services and assistance in accordance with the concepts of assisted living and including care of residents with physical impairment; 2. Emergency plans and procedures; 3. The infection prevention and control program; 4. Resident rights; 5. Abuse and neglect; 6. Pain management; and 7. The care of residents with Alzheimer's and related dementia conditions and in accordance with N.J.A.C. 8:36-19. 	A 517		

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A 517	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to provide documentation of orientation, and staff education upon employment to include at a minimum the following: assisted living concepts, emergency plans and procedures, infection prevention and control, resident rights, abuse and neglect, pain management and care of residents with dementia, for 1 of 3 employee's files reviewed, Employee #1. This deficient practice was evidenced by the following:</p> <p>On 11/6/25 at 11:30 a.m., during interview with the ED, the surveyor requested three employee personnel files for review.</p> <p>The surveyor reviewed Employee #1's file, which had a hire date of NJ ex order 26.4b1, and the title of Concierge, and observed that there was no documentation to reflect that orientation or education was completed upon employment.</p> <p>At 12:15 p.m., the surveyor interviewed the Executive Director (ED) and inquired about who was responsible for maintaining the employee personnel files. The ED stated, the Human Resource Manager and the Sunrise University conducted orientation and training to new employees. The ED stated that the Employee #1, was newly hired in NJ Ex Order 26.4(b)(1), and she did not realize that Employee #1 had not completed</p>	A 517		

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A 517	Continued From page 8 all her mandatory orientation training. The surveyor reviewed an undated facility policy titled, "Resident Rights" which revealed the following: "Policy: 5. The ED/designee shall ensure that team members and volunteers (and others as required by regulation) receive training on Resident Rights and Responsibilities during onboarding and annually as required by state/province regulations ... a. Training topics will be appropriate to the individual's role ... 6. As per state/provincial regulations the ED/designee shall ensure that violations of resident rights are report..."	A 517		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 13A020 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/30/2025 Y3
NAME OF FACILITY SUNRISE OF SHREWSBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 766 BROAD STREET SHREWSBURY, NJ 07702	

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 <u>A0313</u>	<u>Correction</u>	ID Prefix <u>A0401</u>	<u>Correction</u>	ID Prefix <u>A0517</u>	<u>Correction</u>
Reg. # <u>8:36-3.4(a)(4)</u>	<u>Completed</u>	Reg. # <u>8:36-4.1(a)(22)</u>	<u>Completed</u>	Reg. # <u>8:36-5.6(b)(1-7)</u>	<u>Completed</u>
LSC <u></u>	<u>12/23/2025</u>	LSC <u></u>	<u>12/23/2025</u>	LSC <u></u>	<u>12/23/2025</u>
ID Prefix <u></u>	<u>Correction</u>	ID Prefix <u></u>	<u>Correction</u>	ID Prefix <u></u>	<u>Correction</u>
Reg. # <u></u>	<u>Completed</u>	Reg. # <u></u>	<u>Completed</u>	Reg. # <u></u>	<u>Completed</u>
LSC <u></u>	<u></u>	LSC <u></u>	<u></u>	LSC <u></u>	<u></u>
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REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/6/2025		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		