STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	55A008	A. BUILDING: _____ B. WING _____	C 01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF WALL	2600 ALLAIRE ROAD WALL, NJ 07719

(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 #'s: NJ00189616, NJ00189381 CENSUS: 63 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 935	8:36-11.4(b) Administration of medications (b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.	A 935		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 02/10/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	55A008	A. BUILDING: _____ B. WING _____	C 01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF WALL	2600 ALLAIRE ROAD WALL, NJ 07719

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A 935	Continued From page 1	A 935		

This REQUIREMENT is not met as evidenced by:
Complaint # NJ 00189616

Based on observation, interview and record review, it was determined that the facility failed to ensure that medications were administered in accordance with prescriber orders, for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:

On NJ Exec Order 26.4b1 the Department of Health (DOH) received a Facility Reportable Event (FRE) which revealed that on NJ Exec Order 26.4b1 between the hours of 12:00 a.m. and 5:00 a.m., a Certified Medication Aide (CMA) administered five (5) doses of NJ Exec Order (a medication used to treat NJ Exec Order 26.4 "in error thinking it was NJ Exec Order 26.4b1 (a medication used to treat NJ Exec O or NJ Exec Order 26.4b1), to a resident on NJ Exec Order 26.4 care, Resident #2.

On 1/6/26 at 10:00 a.m., the surveyor reviewed Resident #2's closed medical record (MR), which revealed that the resident was admitted to the facility in NJ Exec Order 26.4b1, with a diagnosis of NJ Exec Order 26.4b1.

The surveyor reviewed Resident #2's Physician Order Summary Report, with "Active Orders" dated NJ Exec Order 26.4b1, which included the following:

1.) NJ Exec Order 26.4b1)
Give 1 tablet by mouth every four hours as needed for NJ Exec Order 26.4 The NJ Exec Order had an order date of NJ Exec Order 26.4b1 and a start date of NJ Exec Order 26.4b1.

2.) NJ Exec Order 26.4b1
Give NJ Exec Order 26.4 by

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	55A008	A. BUILDING: _____ B. WING _____	C 01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF WALL	2600 ALLAIRE ROAD WALL, NJ 07719

(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 935	Continued From page 2	A 935		

mouth every 1 hour as needed for [redacted] or NJ Exec Order 26.4b1. The NJ Exec Order 26.4b1 [redacted] had an order date of [redacted] and a start date of [redacted].

At 10:34 a.m. the surveyor interviewed the Resident Care Director (RCD) and inquired about the medication error which was identified on [redacted] for Resident #2. The RCD stated that the [redacted] and NJ Exec Order 26.4b1 looked the same but came in their own separate pharmacy labeled bags. The RCD also explained that each individual [redacted] had a tag label which identified the medication. The RCD stated that the CMA must have accidentally picked up the wrong bag of [redacted] and administered the [redacted] instead of the [redacted] to Resident #2. During continued surveyor interview, the RCD further stated that the CMA should have verified the correct medication before she administered the medication to Resident #2.

At 10:44 a.m. the RCD provided the surveyor with a document titled, NJ Exec Order 26.4b1 [redacted]), which reflected that NJ Exec Order 26.4b1 [redacted] was administered on [redacted] at 1:00 a.m., 2:00 a.m., 3:10 a.m., 4:15 a.m., and 5:10 a.m., by the Certified Medication Aide (CMA). The RCD clarified that although the CMA signed the [redacted] declination sheet, the CMA did not administer the [redacted] she administered the [redacted] to Resident #2 in error.

The surveyor reviewed the declination sheet for, NJ Exec Order 26.4b1 [redacted] by mouth every 4 hours as needed," with a received date of [redacted]. The declination sheet revealed that there were no

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	55A008	A. BUILDING: _____ B. WING _____	C 01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF WALL	2600 ALLAIRE ROAD WALL, NJ 07719

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A 935	Continued From page 3	A 935		

signatures to indicate that the NJ Exec Order was administered to Resident #2.

The surveyor reviewed Resident #2's Electronic Medication Administration Record (eMAR) dated NJ Exec Order 26.4b1, which revealed there was no documentation during the hours of 12:00 a.m.- 5:00 a.m. on the date of NJ Exec Order 26.4b1 for the administration of NJ Exec Order or NJ Exec Order. At which time the RCD confirmed that there was no documentation on the eMAR by the CMA for the administration of the NJ Exec Order or the NJ Exec Order on NJ Exec Order 26.4b1 on the 11-7 shift.

At 12:24 p.m. the surveyor interviewed the Wellness Nurse (WN), a Registered Nurse, who stated that she was "on call" the night NJ Exec Order 26.4b1 when the medication error occurred. The WN explained that the CMA called her on the night of NJ Exec Order 26.4b1 and stated that she was unable to locate the order for the NJ Exec Order on Resident #2's eMAR. The WN stated that she was certain that the NJ Exec Order was transcribed onto the eMAR because the WN had checked the order herself to ensure the medication was in place for Resident #2 for the weekend. The WN stated that she later realized that the CMA must not have checked the prn (as needed) medication section of the eMAR to view the NJ Exec Order order.

The WN further explained that Resident #2's NJ Exec was visiting on the night of NJ Exec Order 26.4b1 and was NJ Exec Order 26.4b1 that Resident #2 NJ Exec Order 26.4b1. The WN stated that since Resident #2 was in NJ Exec Order she directed the CMA to administer the NJ Exec Order and document the administration of the NJ Exec Order on the NJ Exec Order 26.4 declination sheet.

The WN stated that on the morning shift of NJ Exec Order 26.4b1 she was notified by the two (2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	55A008	A. BUILDING: _____ B. WING _____	C 01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 935	Continued From page 4 Licensed Practical Nurses (LPNs) that there was a discrepancy with the NJ Exec Order 26.4 count. The WN then realized that the CMA administered NJ Exec Order instead of the NJ Exec Order to Resident #2. At 12:35 p.m., during an interview with the RCD and the WN, the RCD stated that the CMA was placed on NJ Exec Order 26.4b1 during the investigation of the medication error and was later NJ Exec Order 26.4b1 at the facility. At 1:47 p.m., the surveyor interviewed the CMA, over the phone, regarding the medication error which occurred on NJ Exec Order 26.4b1 involving Resident #2. The CMA stated that she could not recall the details but stated, "Yes, I guess I did give the NJ Exec Order instead of the NJ Exec Order 26.4b1 The surveyor reviewed a facility policy titled, "Medication Oversight Program", dated April 2023, which revealed, ... "H. Medication Error Reporting A medication error is defined as any event in which the "rights" of medication administration are not followed: Right Resident Right Drug Right Dose Right Time Right Route Right Documentation..."	A 935		
A 937	8:36-11.5(a) Certified Medication Aide Program (a) The administration of medications is within the scope of practice and remains the responsibility of the registered professional nurse.	A 937		

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A 937	Continued From page 5 This REQUIREMENT is not met as evidenced by: Complaint # : NJ 00189616 Based on interview and record review, it was determined that the Registered Nurse failed to ensure the responsibility of overseeing medication administration for the Certified Medication Aide (CMA), which resulted in a medication error for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following: On 1/6/26 at 10:00 a.m., the surveyor reviewed Resident #2's closed medical record (MR), which revealed that the resident was admitted to the facility in NJ Exec Order 26.4b1 with a diagnosis of NJ Exec Order 26.4b1. Resident #2 's MR revealed physician orders which included: 1.) NJ Exec Order 26.4b1 tablet by mouth every four hours as needed for NJ Exec Order 26.4 The NJ Exec Order had an order date of NJ Exec Order 26.4b1 and a start date of NJ Exec Order 26.4b1 2.) NJ Exec Order 26.4b1 by mouth every 1 hour as needed for NJ Exec O or NJ Exec Order 26.4b1. The NJ Exec Order 26.4b1 had an order date of NJ Exec Order 26.4b1 and a start date of NJ Exec Order 26.4b1 At 10:10 a.m., the surveyor reviewed Resident #2's Electronic Medication Administration Record (eMAR) dated NJ Exec Order 26.4b1 and observed	A 937		

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	55A008	A. BUILDING: _____ B. WING _____	C 01/06/2026

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A 937	Continued From page 6	A 937		

that there was no documentation for the administration of the NJ Exec Order 26.4b1) or NJ Exec Order during the hours of 12:00 a.m. - 5:00 a.m. on the date of NJ Exec Order 26.4b1

At 10:34 a.m. the surveyor interviewed the Resident Care Director (RCD) and inquired about the medication error which was identified on NJ Exec Order 26.4b1 for Resident #2. The RCD stated that the NJ Exec Order and NJ Exec Order 26.4b1 looked the same but came in their own separate pharmacy labeled bags. The RCD also explained that each NJ Exec Order 26.4b1 had a tag label which identified the medication.

At 12:24 p.m. the surveyor interviewed the Wellness Nurse (WN), a Registered Nurse, who stated that she was "on call" the night of NJ Exec Order 26.4b1 when the medication error involving Resident #2 occurred. The WN stated that the CMA called her on the night of NJ Exec Order 26.4b1 and stated that she was unable to locate the order for the NJ Exec Order on Resident #2's eMAR. The WN stated that she was certain the NJ Exec Order was transcribed onto the eMAR because the WN had checked the order herself to ensure the medication was in place for Resident #2 for the weekend. The WN stated that she later realized that the CMA must not have checked the prn (as needed) medication section of the eMAR to view the NJ Exec Order order.

The WN further explained that Resident #2's NJ Exec was visiting on the night of NJ Exec Order 26.4b1 and was NJ Exec Order 26.4b1 that Resident #2 NJ Exec Order 26.4b1. The WN stated that since Resident #2 was in NJ Exec Order she directed the CMA to administer the NJ Exec Order and document the administration of the NJ Exec Order on the NJ Exec Order 26.4 declination sheet.

The RN delegated the CMA to administer the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	55A008	A. BUILDING: _____ B. WING _____	C 01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF WALL	2600 ALLAIRE ROAD WALL, NJ 07719

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A 937	Continued From page 7 NJ Exec Order to Resident #2, despite the CMA informing the RN that she was unable to locate the NJ Exec Order on the eMAR. The surveyor reviewed a facility policy titled, "Medication Oversight Program", dated April 2023, which revealed, ... "H. Medication Error Reporting A medication error is defined as any event in which the "rights" of medication administration are not followed: Right Resident Right Drug Right Dose Right Time Right Route Right Documentation..." Refer to: 8:36-11.4 (b) [A0935]	A 937		
A 961	8:36-11.5(e) Certified Medication Aide Program (e) The registered professional nurse shall report medication errors and adverse drug reactions immediately to the prescriber, to the provider pharmacist and/or consultant pharmacist, and shall document the incident in the resident's record. This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00189616 Based on observation, interview and record review, it was determined that the Registered Nurse failed to report a medication error to include the provider pharmacist and/ or consultant pharmacist and document the incident in the medical record, for 1 of 3 residents reviewed, Resident #2. This deficient practice	A 961		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	55A008	A. BUILDING: _____ B. WING _____	C 01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF WALL	2600 ALLAIRE ROAD WALL, NJ 07719

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A 961	Continued From page 8 was evidenced by the following: On 1/6/26 at 10:00 a.m., the surveyor reviewed Resident #2's medical record (MR) progress notes which revealed no documentation of the medication error that occurred on [NJ Exec Order 26.4b1] or timely notification of the Executive Director, Responsible Party, Physician or the provider pharmacist. At 12:25 p.m. during interview with the Resident Care Director (RCD) and the Wellness Nurse (WN), a Registered Nurse, the surveyor asked who was notified of the medication error for Resident #2 that occurred on [NJ Exec Order 26.4b1]. The RCD stated that the physician, Resident #2's [NJ Exec] and the [NJ Exec Order 26.4] nurse were notified. The surveyor then inquired if the provider pharmacist and/or consult pharmacist was notified. The RCD and the WN responded and stated that they were not aware that the pharmacist should be notified of a medication error. The surveyor reviewed a facility policy titled, "Medication Oversight Program", dated April 2023, which revealed, ... "H. Medication Error Reporting ...When a medication error occurs, the RCD or licensed nurse: Assures the wellbeing of the resident. Notifies the resident's physician and follows the direction of the physician. Notifies the executive director and the resident and/or responsible party...Documents the incident in the resident's progress notes...Timely and accurate medication reporting is important to allow evaluation of the systems and processes that may have contributed to the error..." Refer to: 8:36-11.4 (b) [A0935]	A 961		

POC # 3
Received 2/13/26
Acceptable

SUNRISE
SENIOR LIVING
WALL

SUNRISE
SENIOR LIVING

Sunrise Senior Living

Plan of Correction

Name of facility: Sunrise Senior Living of Wall NJ

Address of Facility: 2600 Allaire Road , Wall Township NJ 07719

License Number: 55A008

Inspection Date: 1/6/26

Name and Title of Legal Entity: Sunrise Senior Living of Wall NJ

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

NJ Exec Order 26.4b1

Signature of Sunrise Representative

Date of Submission: 2/11/26

A 935 8:36-11.4(b) Administration of medications

1. Resident #2 resided in the NJ Exec Order 26.4b1 unit and NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1. The certified Medication Aide who administered the incorrect doses to Resident # 2 was placed on NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 and was NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1

SUNRISE
SENIOR LIVING

2. All residents in the community have the potential to be affected by this deficient practice.

3. On 1/8/2026 the Resident Care Director re-educated the Certified Medication aides, Licensed Practical Nurses and Registered Nurses on E-mar documentation, declining narcotic documentation and current policy on "controlled drug security and reconciliation". Resident Care director assigned an online refresher course to the Certified Medication Aides with a completion date of 1/28/2026. Certified Med aide who administered the incorrect doses was put on administrative leave on 12/29/2025 and terminated on 12/31/2026.

4. The Resident Care Director will complete a monthly cart audit x2 months to ensure proper use of narcotics for current residents. The first audit will be completed on 2/25/2026. This Plan of Correction to ensure compliance of the Medication Program will be discussed and evaluated weekly for 6 weeks by the Executive Director or designee and Coordinators at the community Leadership Meeting to verify it is still effective, then quarterly x 1 quarter at the "Quality Assurance and Performance Improvement" meeting. 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 next weekly Leadership meeting is scheduled for 2/11/2026. The QAPI meeting discussion will be initiated on 4/8/2026 and will be reviewed for 1 quarter.
5. **Completion Date: 2/11/2026**

A 937 8:36-11.5(a) Certified Medication Aide Program

1. Resident #2 resided in the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 on NJ Exec Order 26.4b1 The certified Medication Aid who administered the incorrect doses was placed on NJ Exec Order 26.4b1 and was NJ Exec Order 26.4b1 .

2. All residents in the community have the potential to be affected by this deficient practice.

3. On 1/8/2026 the Resident Care Director re-educated the Certified Medication aides, Licensed Practical Nurses and Registered Nurses on E-mar documentation, and current "Medication Program". Resident Care Director assigned an online refresher course to the Certified Medication Aides with a completion date of 1/28/2026. On 1/14/2026 the Executive Director and Resident Care Director conducted a documented written counseling with Registered Nurse who delegated to the Certified Medication Aide to administer medication without proper orders. On 1/8/2026 the Registered Nurse was re-educated by the Resident Care Director on the current "Medication Program".

4. The Resident Care Director will complete a monthly cart audit for 2 months to ensure current prescriptions for residents are properly transcribed and available for residents. The first audit will be completed on 2/25/2026. This Plan of Correction to ensure compliance of the Medication Program will be discussed and evaluated weekly for 6 weeks by the Executive Director or designee and Coordinators at the community Leadership Meeting to verify it is still effective then quarterly x 1 quarter at the "Quality Assurance and Performance Improvement" meeting. 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 next weekly Leadership meeting is scheduled for 2/11/2026. The QAPI meeting discussion will be initiated on 4/8/2026 and will be reviewed for 1 quarter.
5. **Completion Date: 2/25/2026**

A 961 8:36-11.5(e) Certified Medication Aide Program

1. On [redacted] the Primacy Care Physician of Resident #2 was notified of the medication error by the Registered Nurse. On [redacted] the Resident Care Director updated Resident #2' medical records to include medication error and notification to family and Primary Care Physician of the event.

2. All residents in the community have the potential to be affected by the deficient practice.

3. On 1/14/2026 the Executive Director counseled the Resident Care Director for failure to properly document the medication error and failure to notify to the Primary Care Physician, Pharmacy Provider and/ or Consulting Pharmacist of the medication error for Resident #2. On 1/14/2026 the

Executive Director re-educated the Resident Care Director and Registered Nurse on the "Documentation Guidelines" Standards for Resident Record Documentation. On 1/14/2026 The Resident Care Director educated the Registered Nurse on notifying the Pharmacist/ or Pharmacy consultant of a medication error in the community. The Resident Care Director completed an audit on 1/30/2026 to ensure any significant event for a resident was communicated to their primary care physician and documented in the residents' record. No other discrepancies identified from audit.

4. The Resident Care Director will complete a monthly audit for two months of significant resident events to ensure their Primary Care Physician, Pharmacy Provider and/ or Consulting Pharmacist are notified and the event is documented in the residents' record. First audit will be completed on 2/25/2026. This Plan of Correction to ensure compliance of the "Documentation Guidelines" will be discussed and evaluated weekly for 6 weeks by the Executive Director or designee and Coordinators at the community Leadership Meeting to verify it is still effective then quarterly x 1 quarter at the "Quality Assurance and Performance Improvement" meeting. 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 next weekly Leadership meeting is scheduled for 2/11/2026. The QAPI meeting discussion will be initiated on 4/8/2026 and will be reviewed for 1 quarter.
5. **Completion Date: 2/11/2026**

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
55A008	A. Building B. Wing	2/18/2026

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF WALL	2600 ALLAIRE ROAD WALL, NJ 07719

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 A0935 Reg. # 8:36-11.4(b) LSC	Correction Completed 02/11/2026	ID Prefix A0937 Reg. # 8:36-11.5(a) LSC	Correction Completed 02/25/2026	ID Prefix A0961 Reg. # 8:36-11.5(e) LSC	Correction Completed 02/11/2026
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 1/6/2026	☐ 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	MULTIPLE CONSTRUCTION	DATE OF REVISIT
55A008 Y1	A. Building B. Wing Y2	2/18/2026 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING OF WALL	2600 ALLAIRE ROAD WALL, NJ 07719

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 A0935 Reg. # 8:36-11.4(b) LSC	Correction Completed 02/11/2026	ID Prefix A0937 Reg. # 8:36-11.5(a) LSC	Correction Completed 02/25/2026	ID Prefix A0961 Reg. # 8:36-11.5(e) LSC	Correction Completed 02/11/2026
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 1/6/2026	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			

EVENT ID: 0K1E12

STATE FORM: REVISIT REPORT (11/06)