STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	80a008	A. BUILDING: _____ B. WING _____	C 11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF BASKING RIDGE	404 KING GEORGE ROAD BASKING RIDGE, NJ 07920

(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 #: NJ00188915, NJ00183993, and NJ00178835 CENSUS: 69 SAMPLE SIZE: 3 SURVEY DATE: 11/17/2025 - 11/19/2025 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 01/06/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Based on interview, record review, facility document and policy review, the facility failed to ensure a thorough investigation and maintain documentation involving the circumstances surrounding events reported to the state agency in accordance with facility policy for 2 residents (Resident #1 and Resident #2) of 3 residents reviewed for accidents.

Findings included:

A facility policy titled, "Incident and Event Reporting," revised 04/24/2025, defined an incident as, "A report required by the applicable state/province licensing agency regarding an adverse or unusual incident involving a resident." The policy indicated, "12. The ED [Executive Director]/designee will investigate each incident/event to determine the circumstances of the incident/event and institute appropriate measures to prevent similar future situations. If able, the resident's version of the events leading to the incident/event will be obtained and documented."

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

Resident #1's "NJ [New Jersey] 3.0 SEHA [State

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A 310	Continued From page 2	A 310		

Evaluation and Health Assessment]," for move in date of NJ Exec Order 26.4b1, revealed Resident #1 had [redacted] The SEHA revealed a section titled NJ Exec Order 26.4b1" that indicated the resident's NJ Exec Order 26.4b1 expression needs did not exceed the standards for the assisted living neighborhood.

A Brief Interview for Mental Status (BIMS) test completed NJ Exec Order 26.4b1 revealed Resident #1 had a score of [redacted] which indicated the resident had NJ Exec Order 26.4b1.

Resident #1's "Progress Notes" revealed a note dated NJ Exec Order 26.4b1 at 11:41 AM, that indicated the resident had been NJ Exec Order 26.4b1 the evening prior NJ Exec Order 26.4b1 looking for "NJ Exec Order 26.4b1 [redacted] The Progress Note indicated that Resident #1 was NJ Exec Order 26.4b1 and had a BIMS of [redacted] (which indicated NJ Exec Order 26.4b1 [redacted]). The Progress Note indicated a family member planned to take the resident to an urgent care for testing to NJ Exec Order 26.4b1 [redacted]. The Progress Note indicated that the resident and their belongings were moved to the [redacted] unit [redacted] and would remain there until results of the NJ Exec Order 26.4b1 were obtained.

A "Reportable Event Record/Report," dated NJ Exec Order 26.4b1, revealed that on NJ Exec Order 26.4b1 at 8:08 PM, Resident #1 had an NJ Exec Order 26.4b1 The Reportable Event Record/Report indicated that on NJ Exec Order 26.4b1 at 8:08 PM, the NJ Exec Order 26.4b1 sounded, and a certified medication aide responded at 8:10 PM and [redacted] Resident #1 [redacted] in the facility's NJ Exec Order 26.4b1 and [redacted] the resident NJ Exec Order 26.4b1 the facility. Per the Reportable Event Record/Report, Resident #1 was NJ Exec Order 26.4b1 and stated they were waiting to go

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A 310	Continued From page 3 to NJ Exec Order 26.4b1 The Reportable Event Record/Report revealed Resident #1 was placed in the NJ Exec Order 26.4 for safety. The Reportable Event Record/Report also indicated a follow-up assessment was completed on NJ Exec Order 26.4b1 and Resident #1 was able to recall NJ Exec Order 26.4 on the NJ Exec Order 26.4b1 of the community until the NJ Exec Orde Resident #1's "Documentation Survey Report" for the month of NJ Exec Order 26.4b1, revealed staff had provided the resident reminders at their dinner meal dinner meal in the dining room at 6:26 PM on NJ Exec Order 26.4b1 prior to the NJ Exec Order 26.4b1 During an interview on 11/18/2025 at 12:22 PM. the Resident Care Director (RCD) stated that the former ED was the person that completed the investigation and added that out of respect to their position, she had not questioned who the former ED interviewed about the incident. The RCD stated that the employee who NJ Exec Orde Resident #1 NJ Exec Order 26 should have provided a statement. She added that any staff present when the resident was NJ Exec Order and the primary caregiver for the resident should have also been interviewed. During a follow-up interview on 11/18/2025 at 1:45 PM, the RCD stated there was no investigation and no witness statements for Resident #1's NJ Exec Order 26.4b1 She stated the Regional Director of Resident Care (RDRC) told her that since there was no question Resident #1 NJ Exec Order 26. an investigation was not needed. During an interview on 11/18/2025 at 3:08 PM, the ED declined to comment whether she thought the investigation into Resident #1's NJ Exec Order 26.4b1	A 310		

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A 310	Continued From page 4 was thorough. 2. Resident #2 "Move In Record" revealed the facility admitted the resident 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 [redacted]). A "Reportable Event Record/Report," dated NJ Exec Order 26.4b1, revealed an "NJ Exec Order 26.4b1," incident that occurred on NJ Exec Order 26.4b1. Per the Reportable Event Record/Report, Resident #2 was NJ Exec Order 26.4b1 during overnight rounds on NJ Exec Order 26.4b1. The Reportable Event Record/Report further revealed the resident was in NJ Exec Order 26.4b1 prior to their NJ Exec Orde and was actively participating in NJ Exec Order 26.4 and NJ Exec Order 26.4b1 [redacted]. The Reportable Event Record/Report revealed the resident was last observed by staff at 12:23 AM on 10/20/2024. Resident #2's "Progress Notes," revealed a note dated NJ Exec Order 26.4b1 at 8:08 AM, that indicated the Resident Care Director (RCD) had received a phone call at 5:05 AM that informed her that Resident #2 had NJ Exec Order 26.4b1. The Progress Note indicated instructions were given to staff to contact Emergency Medical Services to NJ Exec Order 26.4b1. Resident #2's NJ Exec Orde secondary to Resident #2 having a documented NJ Exec Order 26 [redacted] (NJ Exec Orde order in place. Resident #2's "Progress Notes," revealed no documented evidence of who NJ Exec Orde the resident NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1 or the circumstances surrounding when the resident was NJ Exec Order 26.4b1.	A 310		

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A 310	Continued From page 5 During an interview on 11/18/2025 at 1:34 PM, the Regional Director of Resident Care (RDRC) stated the former Executive Director (ED) who was employed at the time of Resident #2's [NJ Exec Orde] no longer worked for the company. The RDRC stated she could not locate a thorough investigation of Resident #2's [NJ Exec Orde] that included witness statements from staff. During an interview on 11/18/2025 at 3:12 PM, the ED stated if Resident #2's [NJ Exec Orde] was [NJ Exec Order 26.4b1] interviews from the staff working with the resident at the time of the resident's [NJ Exec Orde] should have been obtained to see if any staff member had noticed a [NJ Exec Order 26.4b1] or any signs or symptoms of [NJ Exec O] or [NJ Exec Order 26.4b]	A 310		
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:	A 565		

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A 565	Continued From page 6 Based on interview, record review, facility document and policy review, the facility failed to report to the state agency an NJ Exec Order 26.4b1 for 1 (Resident #2) of 3 residents reviewed for accidents. Findings included: A facility policy titled, "Incident and Event Reporting," revised 04/24/2025, indicated, "3. The ED [Executive Director]/designee shall identify and document resident injuries for which the origin of the injury was not observed by or otherwise known by team members and investigate including determining if the resident knows how the injury occurred. a. When the source of the injury remains undetermined, the community will monitor the resident to identify and prevent similar injuries. b. Documentation of the investigation, outcomes, and steps taken shall be retained by the community, such documentation shall be made available for review at the Department's request per state/province regulations. 4. In addition to and separate from the internal reporting, the ED/designee is responsible for validating all incidents/events are reported timely in accordance with state/federal/provincial laws and regulations, using the state/province mandated form or online portal, where available." Resident #2's "Move In Record" revealed the facility admitted the resident on NJ Exec Order 26.4b1. According to the Move In Record, Resident #2 had a medical history that included diagnoses of NJ Exec Order 26.4b1).	A 565		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 565	Continued From page 7	A 565		

Resident #2's "Progress Notes," revealed a note dated NJ Exec Order 26.4b1 at 12:10 PM, that indicated, "The resident NJ Exec Order 26.4b1 ."

Resident #2's "Progress Notes," revealed a note dated NJ Exec Order 26.4b1 at 10:03 AM, that indicated a nurse spoke with the resident's family member about the NJ Exec Order 26.4 of the resident's NJ Exec Order 26.4b1 . The Progress Note revealed the resident's NJ Exec Ord was NJ Exec Order 26.4b1 , but the resident was NJ Exec O to NJ Exec Orde their NJ Exec Ord and NJ Exec Order 26. Per the Progress Note, the family member indicated that on NJ Exec Order 26.4b1 they visited Resident #2 and had noticed the resident's NJ Exec Orde but that the resident had NJ Exec Order 26.4 or NJ Exec Order 26.4b1 of NJ Exec Ord

A radiological "Significant Findings" report of Resident #2's NJ Exec Order 26.4b1 dated NJ Exec Order 26.4b1 revealed the resident had a NJ Exec Order 26.4b1 of the NJ Exec Order 26.4b1 of the NJ Exec Order 26.4b1 of the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 probably due to NJ Exec Order 26.4b1

A facsimile coversheet dated NJ Exec Order 26.4b1 revealed the physician was notified of Resident #2's NJ Exec Ord results. The facsimile coversheet indicated the NJ Exec Ord was ordered for noted NJ Exec Order 26.4 to the resident's NJ Exec Order 26.4b1 and that there had been no incident noted prior to the NJ Exec Order 26.4b1

During a telephone interview on 11/18/2025 at 1:52 PM, Registered Nurse (RN) #1 stated she remembered Resident #2 had a NJ Exec Order 26.4b1 and the staff were unaware of what had happened. RN #1 stated the resident's NJ Exec Ord was NJ Exec Order 26.4 and something had NJ Exec Order 26.4b1 . She added Resident #2 was able to NJ Exec Orde their NJ Exec Ord and had NJ Exec Order 26 . RN #1 stated the former ED, and the Resident Care Director (RCD) would

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A 565	Continued From page 8 have been responsible for reporting the NJ Exec Order 26.4b1 NJ Exec Ord to the state agency. During an interview on 11/18/2025 at 12:49 PM, the RCD stated she was unsure why Resident #2's NJ Exec Order 26.4b1 had not been reported as an NJ Exec Order 26.4b1 . The RCD stated she and the ED that was in the facility at that time knew about the NJ Exec Order 26.4b and she (the RCD) should have insisted that the ED report the NJ Exec Order 26.4b The RCD stated the former ED was the one that made the decision to report an incident or not report an incident. During an interview on 11/18/2025 at 1:34 PM, the Regional Director of Resident Care (RDRC) stated that Resident #2's NJ Exec Order 26.4b1 should have been reported to the state agency as an NJ Exec Order 26.4b1 . During an interview on 11/18/2025 at 3:12 PM, the current ED stated NJ Exec Order 26.4b1 were expected to be reported to the state agency.	A 565		

POC #1 received 1/6/26
Accepted 1/7/26.

SUNRISE
SENIOR LIVING

Plan of Correction

Name of Facility: Sunrise of Basking Ridge
Address of Facility: 404 King George Road Basking Ridge, NJ 07901
License number: 80a008
Inspection date(s): 11/19/2025
Name and Title of Legal Entity Representative Signing the Plan of Correction: NJ Exec Order 26.4b1 Executive Director

Signature of Sunrise Representative: NJ Exec Order 26.4b1

Date of Submission: 1/6/2026

A310 - 8:26-3.4(a)(1) – Administration

Completion Date: 1/9/2026

1. Resident #1 is NJ Exec Order and still residing in the community. Resident #1 was evaluated by Resident Care Director/Registered Nurse, after an NJ Exec Order 26.4b1 incident on NJ Exec Order 26.4b1 following event on NJ Exec Order 26.4b1 Resident #1 was moved to the NJ Exec Order 26.4b1 neighborhood on NJ Exec Order 26.4b1 Resident #2 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 in the community.

2. All residents have the potential to be affected by this deficient practice. Beginning 12/30/2025 the Executive Director and Resident Care Director conducted an audit of incident reports from 10/20/2024 through 2/27/2025 to ensure that any significant reportable event was called into the Department of Health. The audit will be completed by 1/9/2026.

3. The Regional Director of Operations and Regional Director of Resident Care/Registered Nurse, reviewed the "Incident and Event Reporting" Policy and "Resident's Rights" policy with the Executive Director and Resident Care Director on 1/5/2026. Beginning 1/5/2026, the Resident Care Director will provide re-education on the "Incident and Event Reporting" Policy and "Resident's Rights "policy including documentation to Registered Nurses and Licensed Practical Nurses and care managers with a targeted completion date of 1/9/2026

4. Beginning 1/5/2026, a weekly audit of incidents and reportable events will be conducted by Executive Director and Resident Care Director weekly for four weeks, and then monthly for two months to ensure that the required documentation has been completed. The results of the above audits will be reviewed quarterly at Quality Assurance Performance Improvement meetings for

two quarters. Plan of Correction to ensure compliance of the "Resident's Rights" policy and "Event and Incident Reporting" policy will be reviewed and evaluated quarterly for two quarters by the Executive Director at Quality Assurance Performance Improvement (QAPI) meeting to verify compliance with policy. If not compliant, it will be amended, and a new Plan of Correction and training will be implemented and monitored to verify that the violation does not occur again. The next quarterly Quality Assurance Performance Improvement meeting will be held for: 1/14/2026.

Completion Date: 1/9/2025 KF approved 1/7/26

AA565 – 8:36-5.10(a)(3)– Incident Reporting/General Requirements

Completion Date: 1/9/2026

1. Resident #2 was evaluated in the community by the Registered Nurse and Primary Care Physician following notification of a NJ Exec Order 26.4b1 2024. The resident remained in the community following event. The Department of Health was not notified of event. Resident #2 NJ Exec Order 26.4b1

5. All residents have the potential to be affected by this deficient practice. Beginning 12/30/2025 the Executive Director and Resident Care Director conducted an audit of incident reports from 10/20/2024 through 2/27/2025 to ensure that any significant reportable event was notified to the Department of Health. The audit will be completed by 1/9/2026.

2. The Executive Director reviewed the "Incident and Event Reporting" Policy with the Resident Care Director on 1/5/2026. Beginning 1/5/2026, the Resident Care Director will provide education to the Registered Nurses and Licensed Practical Nurses and any agency nurses on the "Incident and Event Reporting" policy including notification of unknown origin. This education will begin 1/5/2026 with a completion date of 1/9/2026.

3. Beginning 1/5/2026 a weekly audit of incidents and reportable events will be conducted by the Executive Director and Resident Care Director weekly for four weeks, monthly for two months, then quarterly for two quarters to ensure that the required documentation and notification has been completed. The results of the above audits will be reviewed quarterly at Quality Assurance Performance Improvement meetings for two quarters. The next quarterly Quality Assurance Performance Improvement meeting will be held on 1/14/2026. Plan of Correction to ensure compliance of the "Event and Incident Reporting" policy will be reviewed and evaluated quarterly for two quarters by the Executive Director at Quality Assurance Performance Improvement meeting to verify compliance with policy. If not compliant, it will be amended, and a new Plan of Correction and training will be implemented and monitored to verify that the violation does not occur again. The next quarterly Quality Assurance Performance Improvement meeting will be held on 1/14/2026.

Completion Date: 1/9/2026 KF approved 1/7/26

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
80a008		1/7/2026

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF BASKING RIDGE	404 KING GEORGE ROAD BASKING RIDGE, NJ 07920

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 01/09/2026	ID Prefix A0565 Reg. # 8:36-5.10(a)(3) LSC	Correction Completed 01/09/2026	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
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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	
11/19/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO