

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>90103</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/21/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SUNRISE ASSISTED LIVING OF OLD TAPPAN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>195 OLD TAPPAN ROAD</b> <b>OLD TAPPAN, NJ 07675</b>
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A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Standard with Complaints</p> <p>COMPLAINT #: NJ00133956, NJ00157240, NJ00161021</p> <p>CENSUS: 69 on 3/20/24 69 on 3/21/24</p> <p>SAMPLE SIZE: 8</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 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p>	A 310		

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

TITLE

(X6) DATE

04/24/24

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00133956</p> <p>Based on observation, interview, medical record review and pertinent facility document, it was determined that the facility failed to ensure the development and implementation of policies and procedures regarding the facility's call system to ensure the timeliness of a call response, and the use of outside pharmacies for medications for 2 of 8 residents, Resident #1 and #2. This deficient practice was evidenced by the following:</p> <p>1. On 3/20/24 at 10:45 a.m., during a tour of the facility, the surveyor observed Resident #1, in a in the resident's apartment. The resident was The surveyor interviewed the resident and inquired about the care he/she received at the facility. The resident stated that the care and access to medical care was very good, however, the call response system was " Resident #1 stated it could take up to 25 minutes or more for staff member to respond to a call or not respond at all. The resident stated that a few nights ago he/she to and [could not recall dates].</p> <p>At 10:55 a.m., and 11 a.m., the surveyor</p>	A 310		
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A 310	<p>Continued From page 2</p> <p>interviewed un-sampled Resident A, and un-sampled Resident B, regarding the [redacted] call system. The un-sampled residents stated that they were [redacted] with the care provided at the facility, but the [redacted] response time could take up to 20 minutes or longer and at times was not answered. Both residents stated it could also depend on who was on duty.</p> <p>At 12:15 p.m., the surveyor interviewed the Resident Care Director (RCD) regarding the [redacted] call response system and the time frame staff should respond to a [redacted] call. He explained a "Wifi extender" was installed last month [February] and the [redacted] response time should be within a reasonable time. The RCD later stated the response time should be within 8 minutes. The surveyor then requested the policy for the [redacted] call system. The RCD stated he was not sure the facility had one in place.</p> <p>At 12:55 p.m., the surveyor reviewed the facility's "SMARTcare 5.2.4 Report" provided by the Executive Director (ED) which revealed it took the staff more than 8 minutes to 43 minutes to respond to residents' [redacted] call. In addition, the report indicated, "Alert was never responded to."</p> <p>On 3/21/24 at 9:50 a.m., the surveyor interviewed a Care Manager (CM) and inquired the time frame a call [redacted] should be answered. The CM stated, "At least 2 minutes's."</p> <p>At 10:55 a.m., the surveyor interviewed the Assisted Living Coordinator (ALC) regarding the [redacted] call system. She stated the [redacted] was provided upon residents' move-in. She explained that a "Wifi extender" was recently installed to allow better reception anywhere in the building</p>	A 310		

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A 310	<p>Continued From page 3</p> <p>and possibly outdoor. The ALC also stated the [redacted] response time should be 8 minutes or less.</p> <p>On 3/20/24 at 1:10 p.m., the surveyor interviewed the Executive Director (ED) and requested the [redacted] policy for review. On 3/21/24 at 11:35 a.m., the ED confirmed that the facility did not have a policy on [redacted] call system.</p> <p>Complaint # NJ00157240</p> <p>2. Surveyor documentation review of the Facility's Reportable Event (FRE), (A New Jersey Department of Health document used by the healthcare facility's to report incidents) dated [redacted] indicated that Resident #2 [redacted]. The [redacted] as ordered until [redacted], when the [redacted]. However, it [redacted] [redacted] and [redacted].</p> <p>On 3/20/24 at 12:30 p.m., surveyor reviewed Resident #2's closed [redacted] and observed that there was a prescribed order for [redacted].</p> <p>[redacted] During the dates of [redacted] [redacted] to Resident #2 for a total of [redacted].</p> <p>On 3/21/24 at 11:40 a.m., the surveyor interviewed the facility Registered Nurse (RN), who stated that Resident #2's [redacted] provided the medication to the facility. The RN stated the</p>	A 310		
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A 310	<p>Continued From page 4</p> <p><b>NJ Ex Order 26.4b1</b> [redacted] that was mailed to the niece, and the <b>NJ Ex Order 26.4b1</b> brought the medication to the facility, which was administered to the resident by the nursing staff. The RN explained that at times, <b>NJ Ex Order 26.4b1</b> [redacted]. The RN further stated that the former Director of Nursing <b>NJ Ex Order 26.4b1</b> [redacted].</p> <p>On 3/21/24 at 4:00 p.m., during surveyor interview with the Regional Director of Care (RDC), she stated that upon investigation, the nurses were not using the electronic medication order system correctly, and entered the medication order monthly, instead of an ongoing order. The RDC stated that they were not exactly sure when the <b>NJ Ex Order 26.4b1</b> brought the medication into the facility, or which staff member received the medication. The RDC further stated the medication was available for administration, however, because it did not appear on the Electronic Medication Administration Record (eMAR) the medication was not administered to the Resident as prescribed by the resident's physician.</p> <p>Surveyor review of the facility policy titled, "Pharmacy Use", revealed the following: "Policy Statement: It is the community's policy to ensure that each resident has the right to select his/her own pharmacy, providing that the pharmacy agrees to supply medications in a way that is compatible with the community's system for medication management.</p> <p>Action Steps ... 4. If an Alternate Pharmacy is chosen: ... b. The resident/and/or the resident's</p>	A 310		
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A 310	Continued From page 5  representative is responsible for tracking, ordering and delivering the medications. ... d. The resident/and or representative must order/re-order medication when the current supply is depleting. e. Medications must be delivered to the community at least five (5) days prior to the end of the current supply. f. Medications must be dropped off at the designated delivery location at the community. ... m. Custody I. The Alternative Pharmacy or responsible party must deliver to and obtain signature from designated staff authorized to sign for medications when delivering and receiving.  Refer to 8:36-11.4	A 310		
A 753	8:36-7.3(c) Resident Assessments and Care Plans  (c) Documentation in the resident's record shall indicate review and any necessary revision of the resident service plan and/or health service plan.  This REQUIREMENT is not met as evidenced by: Complaint # NJ161021  Based on interview and closed medical record review, it was determined that the facility failed to revise a resident's General Service Plan (GSP) when a resident returned to the facility from a rehabilitation facility for 1 of 8 residents, Resident	A 753		

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A 753	<p>Continued From page 6</p> <p>#3. This deficient practice was evidenced by the following:</p> <p>On 3/20/24 at 12:40 p.m., the surveyor reviewed the closed medical record (MR) of Resident #3, who <b>NJ Ex Order 26.4b1</b> in <b>NJ Ex Order 26.4b1</b> with diagnosis which included <b>NJ Ex Order 26.4b1</b>. According to the closed medical record Resident #3 <b>NJ Ex Order 26.4b1</b>.</p> <p>Further, the surveyor reviewed Resident #3's closed medical records (MR) and observed a Progress Note (PN) documented by a Registered Nurse who was also the Wellness Director (WD), dated <b>NJ Ex Order 26.4b1</b> which revealed, <b>NJ Ex Order 26.4b1</b>.</p> <p><b>NJ Ex Order 26.4b1</b> Continued review of the resident's MR revealed a document titled, "NJ 3.0 SEHA - V 9" [a tool used for residents' assessment], dated <b>NJ Ex Order 26.4b1</b>, <b>NJ Ex Order 26.4b1</b>, <b>NJ Ex Order 26.4b1</b>, " which indicated Resident #3's <b>NJ Ex Order 26.4b1</b>.</p> <p>On 3/21/24 at 11:40 a.m. the surveyor interviewed the WD who stated the "NJ 3.0 SEHA - V 9" was the registered nurses' health assessment. The WD stated upon completion of <b>NJ Ex Order 26.4b1</b> the service plan update should have been generated. The WD also stated the Service Plan did not update as it should have, and acknowledged the last review completed date for the service plan was <b>NJ Ex Order 26.4b1</b>. The WD stated the last <b>NJ Ex Order 26.4b1</b> " was completed by him on <b>NJ Ex Order 26.4b1</b>. During continued interview with the WD he stated the assessment and service plan should have reflected the resident's <b>NJ Ex Order 26.4b1</b>.</p>	A 753		
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A 753	Continued From page 7  The facility failed to revise Resident #3's service plan to reflect the resident's <span style="background-color: black; color: red;">NJ Exec Order 26.4b1</span> upon return to the facility.	A 753		
A 779	8:36-7.5(c) Resident Assessments and Care Plans  (c) The registered professional nurse shall be called at the onset of illness, injury or change in condition of any resident to arrange for assessment of the resident's nursing care needs or medical needs and for needed nursing care intervention or medical care.  This REQUIREMENT is not met as evidenced by: Complaint # NJ00161021  Based on interview and closed medial record review, it was determined that the facility's Licensed Practical Nurse (LPN) failed to notify a Registered Nurse (RN) of a resident's <span style="background-color: black; color: red;">NJ Ex Order 26.4b1</span> and need for the resident to be evaluated for 1 of 8 residents reviewed, Resident #3. This deficient practice was evidenced by the following:  On 3/20/24 at 12:40 p.m., the surveyor reviewed the closed medical record (MR) of Resident #3, <span style="background-color: black; color: red;">NJ Ex Order 26.4b1</span>	A 779		



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A 779	<p>Continued From page 8</p> <p><b>NJ Ex Order 26.4b1</b></p> <p>According to the closed medical record Resident #3 <b>NJ Ex Order 26.4b1</b></p> <p>During continued review of Resident #3's closed MR the surveyor observed a Progress Note (PN) dated <b>NJ Ex Order 26.4b1</b> written by an LPN which indicated <b>NJ Exec</b> noted Resident #3 <b>NJ Ex Order 26.4b1</b>. In addition, the LPN documented the resident <b>NJ Ex Order 26.4b1</b> and the resident's physician was notified.</p> <p>On 3/21/24 at 11:51 a.m., the surveyor interviewed the Wellness Director (WD) and a Wellness Nurse (WN), who were Registered Nurses, and inquired about notification of an RN for an assessment of the resident's medical/nursing care needs when the LPN <b>NJ Exec Order 26.4b1</b> to Resident #3's <b>NJ Exec Order 26.4b1</b>. The WD and WN both agreed an RN should have been notified after the LPN's findings. The LPN was not available for interview and there was no documented evidence the LPN notified an RN for assessment to evaluate the resident's nursing care needs and if intervention(s) were needed.</p>	A 779		
A 935	<p>8:36-11.4(b) Pharmaceutical Services</p> <p>(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.</p>	A 935		

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A 935	<p>Continued From page 9</p> <p>This REQUIREMENT is not met as evidenced by: Intake Complaint # NJ00157240</p> <p>Based on observation, interview, review of closed medical record and pertinent facility documents, it was determined that the facility failed to ensure that all medications were administered in accordance with prescriber orders for 1 out of 8 Residents, Resident #2. The deficient practice was evidenced by the following:</p> <p>Surveyor review of the Facility's Reportable Event (FRE), (a New Jersey Department of Health notification document used by the healthcare facilities to report required incidents) dated [redacted], with an event date of [redacted], and a "time of event" of 7:00 p.m., revealed the following: The medication <b>NJ Ex Order 26.4b1</b> [redacted] to Resident #2 as ordered <b>NJ Ex Order 26.4b1</b>, when the medication [redacted] order; however, instead it <b>NJ Ex Order 26.4b1</b> Resident #2 <b>NJ Ex Order 26.4b1</b> [redacted].</p> <p>On 3/20/24 at 11:00 a.m., during surveyor interview with the facility Licensed Practical Nurse (LPN), she indicated that there was a way to enter the duration and days of hold for a medication, and if it was done correctly, the medication would automatically resume, after the</p>	A 935		
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A 935	<p>Continued From page 10</p> <p>medication 'on hold' was completed.</p> <p>Surveyor review of the closed Medical Record (MR) facility document titled, "NJ Ex Order 26.4b1", indicated that Resident #2 NJ Ex Order 26.4b1 [REDACTED]</p> <p>Review of the Medication Administration Record (MAR) revealed that there were no signatures present to indicate that per provider's order, NJ Ex Order 26.4b1 [REDACTED], NJ Ex Order 26.4b1 [REDACTED] to Resident #2 on the following dates as prescribed:</p> <p>NJ Ex Order 26.4b1 ; NJ Ex Order 26.4b1 [REDACTED] which indicated that the NJ Ex Order 26.4b1 [REDACTED]</p> <p>Review of the MAR for the month of NJ Ex Order 26.4b1 [REDACTED] indicated that NJ Ex Order 26.4b1 [REDACTED] was back on the MAR; however, there were no signatures present to indicate that the Ibrance was administered on the dates of: NJ Ex Order 26.4b1 [REDACTED]</p> <p>Continued surveyor review, revealed a signature on Resident #2's MAR, indicating that the NJ Ex Order 26.4b1 [REDACTED] was NJ Ex Order 26.4b1 [REDACTED] on the date of NJ Ex Order 26.4b1 [REDACTED] as per prescribed order. Resident #2 NJ Ex Order 26.4b1 [REDACTED]</p>	A 935		

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A 935	<p>Continued From page 11</p> <p><b>NJ Ex Order 26.4b1</b>.</p> <p>On 3/21/24 at 11:40 a.m., during surveyor interview with the facility Wellness Registered Professional Nurse (RN), she stated that Resident #2's <b>NJ Ex Order 26.4b1</b>, as it was a <b>NJ Ex Order 26.4b1</b> that was mailed to the niece. RN further stated that the niece, <b>NJ Ex Order 26.4b1</b>. The RN explained that instead of the former Director of Nursing (DON) <b>NJ Ex Order 26.4b1</b>.</p> <p>The surveyor interviewed the Regional Director of Care (RDC) who stated that at the time of the incident, the nurses did not utilize the Electronic MAR system correctly. The RDC explained that the nurses were discontinuing and then re-entering the medication (<b>NJ Ex Order 26.4b1</b>) every month, instead of placing the medication on hold.</p>	A 935		

**STATE FORM: REVISIT REPORT**

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 90103	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/25/2024
NAME OF FACILITY SUNRISE ASSISTED LIVING OF OLD TAPPAN		STREET ADDRESS, CITY, STATE, ZIP CODE 195 OLD TAPPAN ROAD OLD TAPPAN, NJ 07675

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	Correction	ID Prefix A0753	Correction	ID Prefix A0779	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-7.3(c)	Completed	Reg. # 8:36-7.5(c)	Completed
LSC	04/24/2024	LSC	04/24/2024	LSC	04/24/2024
ID Prefix A0935	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-11.4(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/24/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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 3/21/2024
  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 90103	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 4/25/2024
NAME OF FACILITY SUNRISE ASSISTED LIVING OF OLD TAPPAN		STREET ADDRESS, CITY, STATE, ZIP CODE 195 OLD TAPPAN ROAD OLD TAPPAN, NJ 07675

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	04/24/2024	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

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 3/21/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"> <input type="checkbox"/> YES   <input type="checkbox"/> NO                 </span>		