New Jersey Department of Health
STATEMENT OF DEFICIENCIES (X1) P

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING:		COMPLETED	
		90117	B. WING		C 01/29/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUNRIS	E ASSISTED LIVING (OF MORRIS PLAII	ETON ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
A 000	Initial Comments		A 000			
	NJ00170697, NJ00 CENSUS: 72 SAMPLE SIZE: 8 SURVEY DATE: 01 The facility is not in all the standards in Code 8:36, Standal Living Residences, Care Homes, and A based on this Com The facility must su including a complet and ensure that the to correct deficience action in accordance Jersey Administration	00182946, NJ00182601, 0162330 0/27/2025 - 01/29/2025 substantial compliance with the New Jersey Administrative rds for Licensure of Assisted Comprehensive Personal Assisted Living Programs,				
A 310	8:36-3.4(a)(1) Adm	inistration	A 310			
	responsible for, but 1. Ensuring the	or or designee shall be to not limited to, the following: e development, d enforcement of all policies including resident rights;				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		90117	B. WING		01/2) 9/2025
	PROVIDER OR SUPPLIER	OF MORRIS PLAII	DDRESS, CITY, S LETON ROAI PLAINS, NJ			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
A 310	Continued From pa	ge 1	A 310			
	by: Based on record redocument and policible Director (ED) failed the facility's policies emergency service: NJ Exec Order 26.4 initiated immediated desired NJ Exec Order 26.4 initiated immediated desired NJ Exec Order 26.4 which residents reviewed prevent NJ Exec Order 26.4 bit of 3 residents reviewed prevent which affected 1 (Rough of the complete of the complet	y when a resident, who are 26.451, was found haffected 1 (Resident #1) of 2 for the facility; to for 2 (Residents #3 and #5) wed for the facility and to transcriptions were accurate, esident #2) of 3 residents accutical services. That the facility's hone or more requirements is likely to cause, serious injury, or death to residents.				
	Resuscitation (CPR indicated, "Action S found unresponsive Member will: a. Vali status (available on system] and on the ([electronic health r Information Sheet). have a DNR [do not indicated the continuation of the continuatio	led, "Cardiopulmonary R)," revised 07/09/2018, teps 1. A resident who is e, without a pulse the Team date the resident's code the [electronic health record resident face sheet) or ecord system] on the Resident b. If the resident does not t resuscitate] order: i.				

NAME OF PROVIDER OR SUPPLIER SUNRISE ASSISTED LIVING OF MORRIS PLAIF A. BUILDING: C B. WING O1/29/202 STREET ADDRESS, CITY, STATE, ZIP CODE 209 LITTLETON ROAD	COMPLETED					
90117 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 209 LITTLETON ROAD 209 LITTLETON ROAD						
90117 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 209 LITTLETON ROAD 209 LITTLETON ROAD	С					
SUNRISE ASSISTED LIVING OF MORRIS PLAIF	01/29/2025					
SUNRISE ASSISTED LIVING OF MORRIS PLAII						
NRISE ASSISTED LIVING OF MORRIS PLAII MORRIS PLAINS, NJ 07950						
WORKIS FLAINS, NJ 0/930						
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	BE COMPLETE					
A 310 Continued From page 2 A 310						
Services (911) ii. The CPR Certified Team Member will start CPR iii. Utilize an AED [automated external defibrillator] if present on site, per state requirements iv. Continue CPR until Emergency Services arrive and assumes care for the resident. c. While the general rule is to provide emergency treatment to a resident in cardiac arrest, there are a few exceptions where withholding CPR would be considered appropriate (American Heart Association). i. In the event the Licensed healthcare professional (such as a Physician, Physician Extender, RN [registered nurse]) acting within established scope of practice in the jurisdiction determines that the following signs are present, CPR will not be initiated: 1. Situations where attempts to perform CPR would place the rescuer at risk of serious injury or mortal peril (e.g. [exempli gratia, for example], exposure to infectious diseases). 2. Clinical signs of irreversible death (e.g., rigor mortis, dependent lividity, decapitation, transection, decomposition). 3. A valid advance directive, a Physician Order for Life-Sustaining Treatment (POLST) indicating that resuscitation is not desired, or a valid Do Not Attempt Resuscitation (DNAR)/Do Not Resuscitate (DNR) order." The policy revealed the "Responsible Parties" included the "Executive Director." A facility policy titled, "Responding To Medical Emergencies," dated 06/29/2005, revealed, "It is the policy of this community to provide immediate response to emergencies and to call for emergency medical services (911) as indicated." The policy revealed, "5. The Licensed Nurse/Team Member (if there is not a licensed nurse in the community) will take the following steps when the resident is not not hospice services: a. The Licensed Nutse/Team Member						

INCW OCI	sey Department of I	icaili i				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		90117	B. WING			9/2025
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NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SHINDISH	E ASSISTED LIVING O	DE MORRIS PLAIT 209 LITTL	ETON ROAL)		
JOHNS	L ASSISTED LIVING	MORRIS F	PLAINS, NJ	07950		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				*		
A 310	Continued From pa	ige 3	A 310			
	included "vi. Chang	e in level or loss of				
		. Lack of heartbeat or pulse,"				
		y other significant or potentially				
		dition, or when a team				
	member is in doubt	"." The policy revealed the				
		es" included the "Executive				
	Director."					
	A facility policy titled, "Abuse, Neglect, &					
		ntion, Reporting and				
		sed 05/04/2016, revealed, "It is				
		mmunity that: a. Every rithin its control is taken to				
		neglect, and exploitation of				
		embers must not engage in,				
		else to engage in, abuse,				
		ion of any resident. b. Team				
		mmunity are mandated				
		a duty to report known or				
		neglect and/or exploitation to				
		and/or provincial authorities in				
	accordance with ap	pplicable law and regulation. c.				
	In addition, team m	embers who know of or				
	suspect abuse, neg	glect or exploitation of any				
		ediately notify the Executive				
		to ensure appropriate action is				
		safety of the resident and				
		pacted." The policy revealed,				
		e to provide goods and				
		to protect the resident from				
	health and safety hazards." The policy revealed the "Responsible Parties" included the "Executive					
	Director."	arties included the Executive				
	שוופטנטו.					
	Resident #1's "\/isu	ıal/Bedside Individual Service				
		ted the facility admitted the				
		28.4b1. The report revealed the				
	resident was a Number of	indicating the resident				
	wished to receive a	NJ Exec Order 26.4b1				
	in the ev	ent of NJ Exec Order 26. or NJ Exec Order 26.4b1				

ivew Jei	New Jersey Department of Health						
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLI/		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	c	A. BUILDING:		COMP	LETED
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		90117		B. WING			9/2025
		90117				01/2	9/2023
NAME OF I	PROVIDER OR SUPPLIER	STRE	EET ADD	DRESS, CITY, S	STATE, ZIP CODE		
		209	LITTLE	ETON ROAD			
SUNRISI	E ASSISTED LIVING O	OF MORRIS PLAIF	RRIS P	LAINS, NJ	07950		
(VA) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION)N	(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION))	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
					DEFICIENCY)		
A 310	Continued From pa	ane 4		A 310			
7.010	Continued From pa	ige 4		7.010			
	NJ Exec Order 3						
		titled, "Reportable Event					
		ateo ^{NJ Exec Order 26.4b1} , revealed					
	on NJ Exec Order 26.4b1 at a	pproximately 4:55 AM, Ca	are				
		observed Resident #1 in b					
		report indicated that, at 5:					
		I the RN on call that Resid					
	#1 was NJ Exec Order 26.4	and was instructed to o	call				
	911 immediately. P	er the report, CM #1 was	not				
	aware of Resident	#1's NJ Exec Order 26.4b1 . The repo	ort				
		rgency medical services (E					
		at the facility at approximat	tely				
		esident was NJ Exec Order 26.4b1					
		ort indicated that it was					
		A #1 failed to follow protoc					
		ng to medical emergencie					
		CM #1's employment was					
	terminated.						
		ument titled, "Privileged ar	nd				
		nent of Event," dated					
		ned by CM #2, indicated t	that				
		d CM #1 with providing					
		for Resident #1, NJ Exec Order 26.4b1					
	removing NJ Exec Order 26.4b	on the resident's NEXECO Th	he				
		d that later that shift, CM #					
	told CM #2 that Res	sident #1 was NJ Exec Order 26.4b1	The				
	statement indicated	d that CM #1 called a					
	supervisor and a nu	urse, then called 911. Per	the				
	statement, CM #2 v	waited by the doors to let t	the				
	emergency services	s staff in to the unit. The					
	statement indicated	d that the emergency med	lical				
	technicians (EMTs)	arrived about 10 to 15					
	minutes later. The	statement indicated that C	CM				
	#1 asked CM #2 to	open Resident #1's servi	ce				
		esident's the NJ Exec Order 26.4b1,					
	which was when CI	M #2 saw that Resident #1	1's				
	NJ Exec Order 26.4b1 Was NJ Exe	. Per the statement	<u>,</u>				
		ked CM #2 if Wessell had be					

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:		C	
		90117	B. WING			9/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SUNRISE	E ASSISTED LIVING (OF MORRIS PLAII	ETON ROAL			
	MORRIS				DNI .	OVE)
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 310	Continued From pa	ge 5	A 310			
A 3 1 0	initiated and why shall have exact times of the exa	ne had not called 911 sooner. cated that CM #2 did not recall he incident. Imment titled, "Privileged and nent of Event," dated ned by CM #1, indicated that at #1's room before 2:30 AM AM AM and the resident was at that time. The statement indicated that the resident was g their and at the resident was g their and at the resident's of the resident's of the resident's statement indicated she called Assisted Living #5 at 4:57 AM, then redinator (RC) #10 at 5:05 AM, the called RN #3 at 5:07 AM, the e called back at 5:08 AM and ald call her back. The statement indicated at approximately 5:14 AM. when the EMS personnel wed them where Resident #1	A 3 10			
	member came out inquire about Residustatement indicated	t indicated that an EMS of Resident #1's room to lent #1's ^{NJ Exco} Order 20:451 I they checked an electronic				
		Resident #1 was ***********************************				
	Confidential Statem	ument titled, "Privileged and nent of Event," dated ned by RC #10, indicated that				

New Jer	lew Jersey Department of Health							
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBE	p. `	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		90117	В	B. WING		01/2	9/2025	
NAME OF F	PROVIDER OR SUPPLIER	ST	REET ADDR	RESS, CITY, S	TATE, ZIP CODE			
SUNRISE	SUNRISE ASSISTED LIVING OF MORRIS PLAII			TON ROAD AINS, NJ				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULI SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE	
A 310	Continued From pa	ige 6		A 310				
	she received a call Number of Statement indicated managers that the they noticed a livery of Statement indicated managers that the they noticed a livery of Statement indicated managers that the they noticed a livery of Statement indicated managers that the they noticed a livery of Statement indicated managers that the they noticed a livery of Statement indicated managers that the they noticed a livery of Statement indicated managers that the statement indicated managers to medical emerger of the statement indicated in medical emergers to medical emerger of the statement indicated in medical emergers to medical emerger of the statement indicated in medical emergers to medical emerger of the statement indicated in medical emergers to medical emerger of the statement indicated in medical emergers to medical emerger of the statement indicated in medical emergers to medical emerger of the statement indicated in medical emergers to medica	from CM #1 at 5:05 AM atement indicated that Ry had called RN #3, and d not, RC #10 told CM # ately. The statement indicated title. The statement indicated country Director (ED) an agers, including CM #1 a protocol for calling 911, focol focol for calling 911, focol fo	on IC #10 when 1 to cated rived and ent, re difficient. and I that 0 sted ted inding icies. that in thing if care Per the 10 and ated eall ated eall PM,					
		resident care director, st bond to a call of someone						

New Jer	vew Jersey Department of Health						
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUI	MBER:	A. BUILDING:		COMP	LETED
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		90117		B. WING			9/2025
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NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUNRISE	STINRISE ASSISTED LIVING OF MORRIS PLAIF			ETON ROAL			
			MORRIS	PLAINS, NJ	07950		
(X4) ID		TEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
IAG	TEGGET OTT	SO IDEITH THE HIT ORING		IAG	DEFICIENCY)	1000	
A 240	0 1 1	7		A 240			
A 310	Continued From pa	ige /		A 310			
	being NJ Exec Order 26.4b1	if she was in the bui	lding.				
	She stated care ma	nagers should check	(a				
		, which was on an					
		at should be with the					
		er staff for help, and					
		f member called 911					
		stated that she receiv fter 5:00 AM who sta					
		see Order 28.461 She stated					
		how she knew the re					
		care managers could					
		ent's Mexeconomic She state					
		11. RN #3 stated tha					
	not ask the CM if sl	he had initiated	or if she				
	knew the resident's	NJ Exec Order 26.4b1 . She sta	ited that,				
		know what time CM					
		NJ Exec Order 26.4b1 She st					
		CM #1 to start					
		on the investigation, t					
		order 26.4b1 when CM	#1 lifted				
	the resident's Na Executed						
	During an interview	on 01/28/2025 at 3:0	JS DM				
		during the investigation					
		start Newson because sh					
		The ED star					
		checked the resider					
		another staff member					
		dent to the floor, che					
		d NJ Executive and instructed					
	other staff member	to call 911 and then	call the				
	nurse.						
	0.46 394 39 39						
		tled, "Elopement and					
	,	l 06/25/2018, reveale	,				
		mmunity to respect a					
		of residents to leave s					
		ed in their community. d, "Elopement- an act					
		a, ⊑iopement- an act a safe area or safe p					
	mistance of leaving	a sale alea ul sale p	i ci i ii ses.				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		90117	B. WING		01/2	9/2025
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SUNRIS	E ASSISTED LIVING (OF MORRIS PLAII	TLETON ROA S PLAINS, NJ			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
A 310	Continued From pa	age 8	A 310			
	Residents," revised Steps 1. A Service (SEHA) will be comfollowing timeframe move-in, as require c. every six (6) mor state/province regularized significant change in A facility policy titled [ISP]," revised 02/1	d, "Individualized Service Pla 9/2014, revealed, "Service	on n n			
	evaluating/assessir addresses advance interventions to me psychosocial, cogn functional needs of The Resident Care Manager (HCM) en an Individualized Sc is initiated prior to nupdates/completed Move-In ii. Every si significant change i updates may be ma and/or at the reside party request." The "Responsible Partie Director."	itive, physical, safety and the resident. Action Steps 1. Director (RCD)/Health Care issures that each resident has ervice Plan (ISP). a. The ISP move in and: i. Within 72 hours after x (6) months iii. With any in condition iv. Additional add with changes in needs ent or resident's responsible policy revealed the es" included the "Executive"				
	admitted the reside to the service plan, history that included	ce plan indicated the facility ent on NJ Exec Order 26.451 According the resident had a medical d diagnoses of NJ Exec Order 26.461 The service plan area, initiated NJ Exec Order 26.461, tha	■ I			

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		90117	B. WING			9/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SUNRISE	ASSISTED LIVING	OF MORRIS PLAII	ETON ROAL			
OUR MADY OTATEMENT OF RESIDIENCIES		PLAINS, NJ	PROVIDER'S PLAN OF CORRECTION	ON	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
A 310	Continued From pa	ige 9	A 310			
	exhibited Notes or exhibited Interventions direct activities including a group activities, or program (initiated directed staff to obsthe facility, direct the with them, Notes the that the resident had due to recently NJ (initiated Notes or expectation).	451				
	Resident #3's "Progress Notes" revealed a note, dated **Decorate 26.4bi* at 4:18 PM, that indicated the resident was brought back to the facility from the corner of the driveway. The note indicated the resident stated they were waiting for someone to pick them up.					
	Resident #3's "Progress Notes" revealed a note, dated [MJEXEC OTIGET 20.450] at 2:22 PM, that indicated that a meeting was held with the resident's family member and indicated that the resident had attempted to [MJEXEC OTIGET 26.450]), but that staff intervened.					
	dated NJ Exec Order 26.4b1	gress Notes" revealed a note, at 3:46 PM, that indicated the the door open and went to				
	dated NJ Exec Order 26.4b1 a resident pulled the the NJ Exec Order 25.4b1 in the unit. The note indic sustained a NJ Exec Order 26.4b1	gress Notes" revealed a note, at 2:48 PM, that indicated the NJ Exec Order 26.451 onto e back of the NJ Exec Order 26.451 atted the resident had to their NJ Exec Order 26.451. titled, "Reportable Event				

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE :	
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		90117	B. WING		_	9/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SUNRISI	E ASSISTED LIVING O	OF MORRIS PLAII	ETON ROAL PLAINS, NJ			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	COMPLETE DATE
A 310	Continued From pa	ige 10	A 310			
	on National Control of the Control o					
	state survey agency the facility, they well Resident #3 had and to The letter did not in determined how Re through the NJEXECOTO unit. An undated facility and Confidential St LCM #7, revealed to was standing close living community be NJ Exec Order 26.2 indicated the NJ Ex Resident #3's room and saw the alarm	the ED and addressed to the y, signed by the ED and dated ed that upon investigation by re able to determine that by "Exec Order 26.4b1". Indicate that the facility had esident #3 was able to "Exec Order 26.4b1" on the NJ Exec Order 26.4b1 Indicate that the facility had esident #3 was able to "Exec Order 26.4b1" on the NJ Exec Order 26.4b1 Indicate that the facility had esident #3 was able to "Exec Order 26.4b1" on the NJ Exec Order 26.4b1 Indicate that the facility had esident #3 was able to "Exec Order 26.4b1" on the NJ Exec Order 26.4b1 Indicate that the facility had esident #3 was able to "Exec Order 26.4b1" on the NJ Exec Order 26.4b1 to the assisted ecause Resident #3 had been the to the statement exec Order 26.4b1 toward on, and LCM #7 went to the door cover off and the door closed. Cated LCM #7 looked outside				

New Jei	New Jersey Department of Health						
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUM	BER:	A. BUILDING:		COMP	LETED
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		00447		B. WING		04/2	
		90117		D. W		01/2	9/2025
NAME OF F	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
			209 LITTL	ETON ROAL	.		
SUNRISE	E ASSISTED LIVING (OF MORRIS PLAII		PLAINS, NJ			
			WORKIS I	LAINS, NO			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F	1111	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG	,	SC IDENTIFYING INFORMAT		TAG	CROSS-REFERENCED TO THE APPRO		DATE
					DEFICIENCY)		
A 240	0	44		A 240			
A 310	Continued From pa	ige 11		A 310			
	in the NJ Exec Order 26	6.4b1 came back to the	kitchen				
	and told a nurse tha	at they did	sident				
	#3.						
	An undated facility	document titled, "Privil	leaed				
		atement of Event," sig					
		l) #8, revealed that CM					
		and saw Resident #3 t					
		4b1 . The statement in					
		as there, and the resid					
		oom. Per the statemer					
	#8 then heard the	IJ Exec Order 26.4b1 and	d				
	indicated that anoth	ner CM went to the doo	or and				
	did not see Resider	nt #3. The statement in	ndicated				
	that staff checked a	all the rooms and could	d not find				
	Resident #3, a CM	checked outside and	still did				
	-	3, and then the ED wa					
	notified.	,					
	Resident #3's servi	ce plan revealed no					
		initiated on NJ Exec Order 26.48	b1				
		when the resid	dent				
	NJ Exec Order 26.4	4b1					
		on 01/28/2025 at 5:0					
		once a resident started	d				
	NJ Exec Order 26.4						
		the fac	ility				
		as an NJ Exec Order 26.4b1 risk					
		te to the assessment	and care				
	plan should take pla	ace.					
	0.5						
		rvice plan revealed the					
		ent on NJ Exec Order 26.461. Acc					
		the resident had a me					
	history that included	d diagnoses of NJ Exec Orde	er 26.4b1				
		T					
		The service plan id					
	a focus area, initiat	ed NJ Exec Order 28.4b1, that inc	dicated				
	the resident was ar	n NJ Exec Order 28.4b1 risk and e	xhibited				

New Jersey Department of Health							
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/C		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBE	ER:	A. BUILDING:		COMP	LETED
						0	
		90117		B. WING			, 9/2025
		90117				01/2	9/2023
NAME OF F	PROVIDER OR SUPPLIER	ST	TREET ADD	RESS, CITY, S	TATE, ZIP CODE		
		20	9 LITTLE	ETON ROAD)		
SUNRISE	E ASSISTED LIVING O	DE MORRIS PI AII		LAINS, NJ			
	OUR MADY OT			-			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL)		(X5) COMPLETE
TAG	,	SC IDENTIFYING INFORMATIO		TAG	CROSS-REFERENCED TO THE APPROI		DATE
					DEFICIENCY)		
A 310	Cantinued From no	10		A 310			
ASIO	Continued From pa	ige 12		ASIU			
	NJ Exec Order 26.4b1 and NJ E	Exec Order 26.4b1.					
	Interventions indica	ated the resident would b	oe				
	engaged in person-	-centered activities durin	ng				
	moments of NJ Exe	ec Order 26.4b1					
		•					
	Resident #5's "NJ [[New Jersey] 3.0 SEHA					
		n and Health Assessmen					
		NJ Exec Order 28.4b1 , revealed the					
		J Exec Order 26.4b1					
		Order 26.4b1 and that sta					
		sident #5 with NJ Exec Order 28.48					
		hat they did not compro	mise				
	their safety.						
		gress Notes" revealed a					
		at 3:16 PM and electroni	cally				
		ed Nurse (RN) #3, that					
		#5 was seen with a clea					
		ing their sneakers and h					
		erbalizing they were goir					
		dicated Resident #5 was					
		their room and that their					
		new environment was s					
		uraged to attend activitie	es and				
	engage with their po	eers.					
	Resident #5's "Prog	gress Notes" revealed a	note,				
		at 10:17 AM and electror					
		hat indicated Resident #					
		26.4b1 of their room arou					
		ng they wanted to go ou					
		ne note indicated the res					
		to bed but that Resident					
		heelchair NJ Exec Order 28.461 in t	their				
		The note indicated that					
		eferred to NJ Exec Order 28.461 an	d that				
		J Exec Order 26.4b1					
	Per th	he note, staff would cont	tinue to				
	NJ Exec Order 26.1 Resident #	5 when they NJ Exec Order 26.4b1					

TACW OCI	sey Department or i	Icaitii				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					؍ ا	
		00447	B. WING		0	
		90117	B. WING		01/2	9/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
THAME OF I	NOVIDER OR OUT LIER					
SUNRISE	E ASSISTED LIVING	OF MORRIS PLAII	ETON ROAL			
		MORRIS I	PLAINS, NJ	07950		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				DEI IOIENOT)		
A 310	Continued From pa	age 13	A 310			
,,,,,,	Continued From pa	ige 10	/ (0.0			
	Resident #5's "Prod	gress Notes" revealed a note,				
	dated NJ Exec Order 28.4b1 a	at 2:19 PM and electronically				
		hat revealed Resident #5				
		at 1:57 PM. The note				
		#5 NJ Exec Order 26.4b1 but remained				
	on the NULL RECOGNET 26,461 Th	e note indicated Resident #5				
		NJ Exec Order 26.4b1				
	was observed at a	. Per the note,				
	Desident #E stated					
Resident #5 stated, NJ Exec Order 26.4b1						
		The note				
		esident was were the week of				
		der 28.4b1 " and another resident				
		ent ^{NJ Exec Order 26.4b1} in their				
	wheelchair up the	towards a road and				
	notified staff.					
	A facility document	titled, "Reportable Event				
		atec ^{NJ Exec Order 28.4b1} , revealed that				
	an NJ Exec Order 26.4b1	urred on NJ Exec Order 28.4b1 involving				
	Posidont #5 Thor	eport indicated Lead Care				
		•				
		observed Resident #5 sitting				
		on the N Exec order 26.4b				
		The report indicated LCM #9				
	brought Resident#	5 NJ Exec Order 26.4b1				
		etter from the ED to the state				
	survey agency reve	ealed that, on NJ Exec Order 28.461 at				
		PM, LCM #9 assisted				
		Exec Order 26.4b1 care in their room.				
		I that the resident then went				
	NJ Exec Order 26.4					
		#5 did not notify staff that they				
		26.4b1 and was observed by				
		xec Order 26.4b1 their wheelchair				
		4b1. The letter indicated that at				
		PM, another resident notified				
		outside and observed the				
		eelchair on the NJ Exec Order 25.40 to the				
	NJ Exec Order 26.4	4b1 and brought the				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				A. BUILDING:			
		90117		B. WING			9/2025
NAME OF	PROVIDER OR SUPPLIER	STF	REET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUNRIS	E ASSISTED LIVING O	OF MORRIS PLAII		ETON ROAD PLAINS, NJ			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
A 310	Continued From pa	ige 14		A 310			
	resident back inside	e the facility.					
	RN #3 stated a resimple staff usually common word of mouth if a resident may stated that even NJ Exec Order 26.4b1, investigate an attentat, if a resident mor made an NJ Executive mot trigger the facility stated that once a residence of the control of the contr	on 01/28/2025 at 12:16 ident would be considered on assessment and ain behaviors. RN #3 statunicated with each other resident was where the facility staff would want to where ade a NJ Exec Order 26.4b1 ty staff to have a meeting resident had successfully re team would have a meeting to the resident's care plant.	ted by . RN ant to ed4b1 it may g. She / eeting an.				
	interventions were	t #5's service plan reveal initiated or ^{ty Execorder26,451} o he resident exhibited <mark>!51</mark> .	ed no r				
	the ED stated that of verbalizing NJ Ex Order NJ Exec Order 26.4 them as an NJ Exec Order 2	on 01/28/2025 at 5:05 Ponce a resident started er 26.4(b)(1) or began exhibuted in the facility would ide risk. The ED stated the sament and care plan sho	oiting entify that an				
	Process," revised 0 History and Physica Physician's Move-Ir (within 30-90 days I received by the Hea Wellness Nurse to able to arrange me	tled, "New Resident Move 17/15/2013, revealed, "3. al (Physician's Report) ar n Orders must completed before Move-In) and be alth Care Coordinator or ensure that [facility name dical support for any known The policy revealed, "B.	A nd d [sic] e] is wn				

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		90117	B. WING		01/2	9/2025
	PROVIDER OR SUPPLIER	209 LITT	DRESS, CITY, S	STATE, ZIP CODE		
JUNKISI	E ASSISTED LIVING C	MORRIS	PLAINS, NJ	07950		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
A 310	Continued From pa	ge 15	A 310			
	Health Care Coordi reviews the Service Assessment, the Pl Physician's Move-Ir used to arrange ord administration of m special equipment a Resident #2's service admitted the reside	nator or Wellness Nurse Evaluation and Health hysician's Report and n Orders. The information is dering, delivering and edication; support services; and appointments." ce plan indicated the facility nt or NUESCOTOR 2004551 According the resident had a medical				
	initiated on NJ Executer was unable to NJ Execute Interventions direct	ce plan included a focus area, that indicated the resident order 26.4b1 their medications. ed staff to assist the resident ns with their preferred				
	Record/Report," da Resident #2 returne rehabilitation center staff to administer and two sprays of Reportable Event Ron (APN) reviewed Re documents and not NJ Exec Order 26.4 Resident #2's trans Event Record/Report duty on (NJ Exec Order 26.45) ordered the medical	titled, "Reportable Event ted NJ Exec Order 20.4b1 with orders for NJ Exec Order 26.4b1 with orders for NJ Exec Order 26.4b1 one time a day. The Record/Report revealed that, Advanced Practice Nurse sident #2's discharge iced that NJ Exec Order 26.4b1 missing on cribed orders. The Reportable ort revealed that the nurse on immediately transcribed and tions from the pharmacy. Per nt Record/Report, Resident #2				

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE COMP	
					_ c	
		90117	B. WING		01/2	9/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUNRISE	ASSISTED LIVING O	OF MORRIS PLAII	ETON ROAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
A 310	Continued From page 16					
	missed four doses	of their ordered NJ Exec Order 26.4b1				
	and NJ Exec Order 2	6.401				
		ent titled, "Addendum,"				
		tered Nurse (RN) #3 was				
		Regional Resident Care ranscribing and confirming				
new orders per facility protocol.						
During an interview on 01/27/2025 at 1:44 PM						
During an interview on 01/27/2025 at 1:44 PM, RN #3 stated that when a new resident moved in,						
		the resident's medication				
		ntered them into the tration record. She stated that				
		al nurse (LPN) or RN entered				
	•	other RN checked the orders				
		3 stated they could not recall if d any medications and did not				
		orders were not transcribed				
		ystem. RN #3 did not				
	remember a time w	then were or NJ Exec Order 28.461 orders d and did not recall receiving				
		ng transcribing orders.				
		on 01/28/2025 at 10:24 AM, expected nurses to transcribe				
		ne computer when a resident				
		ed from another facility. The				
		termined that RN #3 was the or not transcribing all of				
		criptions when the resident				
	returned to the facil	ity. The ED stated RN #3 was				
		ncident by the regional office RN checked orders for missing				
		er errors. The ED stated she				
	was unaware of an	y changes to the transcription				
	process since the in medications.	ncident involving Resident #2's				
	medications.					

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	
			A. BUILDING.			
		90117	B. WING			, 9/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUNRISE	ASSISTED LIVING O	OF MORRIS PLAII	ETON ROAL			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	PLAINS, NJ	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	COMPLETE DATE
A 389	Continued From pa	ige 17	A 389			
A 389	8:36-4.1(a)(16) Res	sident Rights	A 389			
	distribute a statemeresidents of assiste comprehensive per assisted living prog to the following right	be free from physical and				
	This REQUIREMENT is not met as evidenced by: Based on record review, interview, and facility document and policy review, the facility failed to ensure residents' right to be free from was honored, as evidenced by a failure to ensure emergency services were contacted and NJ Exec Order 26.4b1) was initiated immediately when a resident, who desired the measures, was found NJ Exec Order 26.4b1 which affected 1 (Resident #1) of 2 residents reviewed for NJ Exec Order 26.4b1 in the facility.					
	had caused, or was	that the facility's th one or more requirements is likely to cause, serious injury, or death to residents.				
	Findings included:					
	Resuscitation (CPR indicated, "Action S	d, "Cardiopulmonary R)," revised 07/09/2018, Steps 1. A resident who is e, without a pulse the Team				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE	SURVEY LETED
			A. BUILDING:		_	
		90117	B. WING		01/2	, 9/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SUNRISI	E ASSISTED LIVING (OF MORRIS PLAII	ETON ROAL			
		MORRIS F	PLAINS, NJ			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
A 389	Continued From pa	ge 18	A 389			
A 389	Member will: a. Valistatus (available on system] and on the ([electronic health r Information Sheet). have a DNR [do no Call/have another to Services (911) ii. The Member will start Colling [automated externations of the resident of provide emergency Secare for the resident of provide emergency of the event the Licen (such as a Physicial [registered nurse]) scope of practice in that the following sibe initiated: 1. Situated perform CPR would serious injury or more for example], exposible initiated: 1. Situated for example, exposible for example for ex	idate the resident's code in the [electronic health record resident face sheet) or record system] on the Resident b. If the resident does not it resuscitate] order: i. ream member call Emergency ream CPR Certified Team represent iii. Utilize an AED al defibrillator] if present on rements iv. Continue CPR revices arrive and assumes red. c. While the general rule is recy treatment to a resident in reare a few exceptions where	A 389			
	the policy of this co	mmunity to provide immediate encies and to call for				

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
						:
		90117	B. WING		_	9/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
NAME OF I	NOVIDEN ON OUT FIEN		ETON ROAL			
SUNRISI	E ASSISTED LIVING (OF MORRIS PLAII	PLAINS, NJ			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PRÉFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DAIL
4 222	0 " 15	40	4 222			
A 389	Continued From pa	age 19	A 389			
	emergency medica	l services (911) as indicated."				
	The policy revealed	l, "5. The Licensed				
		er (if there is not a licensed				
		unity) will take the following				
		ident is not on Hospice				
		censed Nurse/Team Member following situations," which				
included, "vi. Change in level or loss of consciousness," "x. Lack of heartbeat or pulse," and "xiv. And or any other significant or potentially life threatening condition, or when a team						
		t." The policy revealed the				
		es" included the "Executive				
	Director."					
	A facility policy title	d, "Abuse, Neglect, &				
		ntion, Reporting and				
		sed 05/04/2016, revealed, "It is				
	the policy of the co	mmunity that: a. Every				
		ithin its control is taken to				
		neglect, and exploitation of				
		embers must not engage in,				
		else to engage in, abuse, ion of any resident. b. Team				
		mmunity are mandated				
		a duty to report known or				
		neglect and/or exploitation to				
	local, state, federal	and/or provincial authorities in				
		oplicable law and regulation. c.				
	,	embers who know of or				
		glect or exploitation of any				
		ediately notify the Executive to ensure appropriate action is				
		safety of the resident and				
		pacted." The policy revealed,				
		to provide goods and				
	services necessary	to protect the resident from				
		azards." The policy revealed				
		arties" included the "Executive				
	Director."					

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	-	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7. BOILDING.			;
		90117	B. WING		01/2	9/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUNRISE	ASSISTED LIVING	OF MORRIS PLAII	ETON ROAL			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	PLAINS, NJ	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	COMPLETE DATE
A 389	Continued From pa	ige 20	A 389			
	Plan Report" indica resident or NJ Execorder resident was a wished to NJ Ex Or in the ev	ent of West order 28 of NJ Exec Order 28.451 titled, "Reportable Event				
	Record/Report," da on Manager (CM) #1 of Manager (CM) #1 of MJ Exec Order 26.4b1 AM, CM #1 notified #1 was MJ Exec Order 26.2 911 immediately. P aware of Resident indicated that emer personnel arrived at 5:15 AM and the re determined that CM regarding respondi	proximately 4:55 AM, Care observed Resident #1 in bed, report indicated that, at 5:07 the RN on call that Resident and was instructed to call er the report, CM #1 was not #1's NJEXEC OTHER 28-451. The report regency medical services (EMS) at the facility at approximately esident was NJEXEC OTHER 28-451 ort indicated that it was M #1 failed to follow protocoling to medical emergencies CM #1's employment was				
	Confidential Statem Level order 20:401 and sig CM #2 had assisted Level order 26:401 care for removing statement indicated told CM #2 that Restatement indicated supervisor and a nu statement, CM #2 v emergency service	ument titled, "Privileged and nent of Event," dated ned by CM #2, indicated that d CM #1 with providing or Resident #1, "**LESSON The d that later that shift, CM #1 sident #1 was "**LESSON The d that CM #1 called a urse, then called 911. Per the waited by the doors to let the s staff in to the unit. The d that the emergency medical				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER		` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOME	DER.	A. BUILDING:		COMP	LLTLD
		90117		B. WING		01/2	9/2025
NAME OF I	PROVIDER OR SUPPLIER	:	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SUNRIS	ASSISTED LIVING (OF MORRIS PLAII		ETON ROAL PLAINS, NJ			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
A 389	minutes later. The s #1 asked CM #2 to plan to check the re which was when CI NJ Exec Order 26.4 EMS personnel ask initiated and why sk The statement indicated the exact times of to A typed facility docu Confidential Statem NJ Exec Order 28.451 and sig she was in Resider and left before 3:00 NJ Exec Order 28.451 and was statement indicated resident around 4:5 NJ Exec Order 26.4 The statemen NJ Exec Order 26.4 The alerted CM #2 and Coordinator (ALC): Reminiscence Coo who instructed her indicated that she of call dropped, so sh was told RN #3 wor statement indicated 5:13 AM and told C 'NJ Exec Order 26.4 that 911 was called Per the statemen member came out	arrived about 10 to 15 statement indicated that open Resident #1's seesident's the NUCCEO OFF 23 W #2 saw that Resident Ged CM #2 if Statement indicated 911 stated that CM #2 did not he incident. Jument titled, "Privileged need by CM #1, indicated need by CM #1, indicated that the resident with #1's room before 2:30 AM and the resident with #1's room before 2:30 AM and the resident with #1's room before 2:30 AM and the resident with #1's room before 2:30 AM and the resident with #1's room before 2:30 AM and the resident with #1's room before 2:30 AM and the resident with #1's at 4:57 AM, then redinator (RC) #10 at 5:50 to call RN #3. The state at 4:57 AM, then redinator (RC) #10 at 5:50 call RN #3 at 5:07 All that RN #3 called back at 5:08 All and all her back. The indicated that RN #3 called back at 5:08 All and 1." The statement indicated that an emission of Resident #1's room wed them where Residet indicated that an EMS of Resident #1's room wed them where Residet indicated that an EMS of Resident #1's room wed them where Residet indicated that an EMS of Resident #1's room	at CM ervice the rice th	A 389	DETICIENCY)		
		lent #1's ^{NJ Exec Order 28.4b1} . T I they checked an elec					

THE WOOL	sey Department of i	Icaitii				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPI	LETED
					l c	
		90117	B. WING			9/2025
		90117			01/2	9/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		209 LITTI	ETON ROAL	•		
SUNRISI	E ASSISTED LIVING (MORRIS PLAII	PLAINS, NJ	07950		
(VA) ID	SHIMMADY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION)N	(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	PRIATE	DATE
				DEFICIENCY)		
A 389	Continued From pa	oge 22	A 389			
7,003	•	-	71003			
		Resident #1 was NJ Exec Order 26.48.				
	The statement indic	cated that an EMS member				
	said to call 911 first	t, in the future.				
	A typed facility docu	ument titled, "Privileged and				
		nent of Event," dated				
		ned by RC #10, indicated that				
		from CM #1 at 5:05 AM on				
	NJ Exec Order 26.4b1. The st	atement indicated that RC #10				
	asked CM #1 if the	y had called RN #3, and when				
	CM #1 said she ha	d not, RC #10 told CM #1 to				
	call RN #3 immedia	ately. The statement indicated				
		recutive Director (ED) arrived				
	at the facility on NEX	^{(Order 26.4(b)(1)} at 10:15 PM and				
	retrained care man	agers, including CM #1 and				
	CM #2, about the p	rotocol for calling 911, code				
	status location, pro	tocol for service of a resident,				
	and location of tran	sfer paperwork. The				
	statement indicated	d that they trained the care				
	managers that the	RN was also to be called if				
	they noticed a NJ Ex	xec Order 26.4b1 of a resident.				
	A typed facility docu	ument titled, "Privileged and				
	Confidential Statem	nent of Event," dated				
	NJ Exec Order 26.4b1 and sig	ned by the ED, indicated that				
	on NJ Exec Order 26.4b1 at 1	0:15 PM, she and RC #10				
		y for a meeting with the				
	Reminiscence care	managers and the assisted				
		rs. The statement indicated				
		were retrained on responding				
		ncies and NJ Exec Order 28.461 policies.				
		cated that CM #1 stated that				
		the shift, she checked on				
	•	Resident #1, and everything				
		tatement indicated CM #1				
		r went back to check on				
		complete NJ Exec Order 26.4b1 care				
	and noted Residen	t #1 was NJ Exec Order 26.4b1. Per the				
	statement CM #1	called ALC #5 and RC #10 and				
		#3. The statement indicated				
	ao tora to ball i titi	" c. The statement maleated	I	1		1 /

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED		
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				PLAINS, NJ			
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A 389	Continued From pa	ge 23		A 389			
	911, and EMS 4:30 AM. An EMS run report, the EMS company arrived at the facility indicated that "accoin NJ Exec Order 26.4 911 was not called the patient had NJ EXEC Order 4.4 911 was not called the patient had NJ EXEC Order 26.4 911 was not called the patient had NJ EXEC ORDER 26.4 911 was not called the patient had NJ EXEC ORDER 26.4 911 was not called the patient had NJ EXEC ORDER 26.4 911 was not called the patient had NJ EXEC ORDER 26.4 911 was not called the patient had NJ EXEC ORDER 26.4 911 was not called the patient had not called the patient ha	hat RN #3 told them to order 26.451 Resident #1's dated Sesident #1's was dispatched at 5:19 at 5:23 AM. The reporting to staff, the patording to staf	evealed 19 AM, port ient was AM] and M] when report, t 5:40				
	RC #10 stated that #1 at around 4:57 A was west or a factor of the control of the	on 01/29/2025 at 8:5 she received a call from the stating that Reside stated that she did not becked the resident because she want	om CM ent #1 not check t's				
	make sure RN #3 v she asked CM #1 if and when CM #1 sa	vas notified. She state she had notified nurs aid they had not, she call RN #3. She stat	ed that sing staff,				
	RN #3, who was a rethat she would respect being NJ Exec Order 26.461 She stated care ma	on 01/28/2025 at 12: resident care director, ond to a call of some if she was in the buil magers should check	, stated one ding.				

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION	(X3) DATE COMP	SURVEY
7.11.0 7.27.11	or contribution	is a contract of the contract	A. BUILDI	NG:		_
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A 389	Continued From pa	 age 24	A 389			
	electronic tablet that member, call anoth while the other staff nurse on call. She is from a CM a little at Resident #1 was questioned the CM was because pronounce a reside told CM #1 to call 9 not ask the CM if sl knew the resident's at first, she did not found the resident she did not instruct.	at should be with the staff ner staff for help, and start for help stated that she had she had initiated for help help help help help help help help	ne call at he t she did he hat, dhat			
	stated she did not s Resident #1 was NUE CM #1 should have pulse, summoned a transferred the resi	start because she kneed the checked the resident for a canother staff member on dident to the floor, checked the discount and instructed the recall 911 and then call the	ew at a uty, cheir			
A 751	8:36-7.3(b) Resider Plans	nt Assessments and Care	A 751			
	reviewed, and if needs as needed, based to	ealth service plan shall be cessary, revised quarterly, upon the resident's respond and any changes in the or cognitive status.				
	This REQUIREME	NT is not met as evidence	d			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED		
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A 751	policy review, the faservice plans after to service plans after to the facility for the facility policy was harm, impairment, or findings included: A facility policy titled [ISP]," revised 02/1 Plan -An individualize evaluating/assessin addresses advance interventions to me psychosocial, cognifunctional needs of The Resident Care Manager (HCM) en an Individualized Se is initiated prior to nupdates/completed Move-In ii. Every sis significant change i updates may be mand/or at the reside party request." The "Responsible Partie Director." 1. Resident #4's se admitted the reside	in, record review, and acility failed to revise the residents exhibited to revise the residents exhibited or expressed a series of the facility's and the facility's the one or more required its likely to cause, series or death to residents and the resident. The period of the preferences, allergies the preferences, allergies the preferences, itive, physical, safety the resident. Action Director (RCD)/Heal sures that each residences that each residences are plan (ISP). a.	residents' ed to Resident ent. rements ous injury, . vice Plan ervice eloped by plan s and Steps 1. lth Care dent has The ISP offer any onal needs onsible ecutive	A 751			
		d diagnoses of NJ Exec O					

New Jer	sey Department of H	lealth				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE S COMPLE	
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A 751	Continued From pa	ige 26	A 751			
	dated N Exec Order 2045 a signed by Registere indicated Resident NJ Exec Order 26.4 indicated that Residence at the front of the far The note indicated find a particular per call was placed to the Director for feedback behavior and indicated signed.	gress Notes," revealed a note, at 4:29 PM and electronically ed Nurse (RN) #3, that #4 was in their room The note dent #4 walked out of their rards an emergency exit door acility but was stopped by staff. that the resident wanted to rson. The note indicated that a the Regional Resident Care ck in addressing Resident #4's ated that the resident				
	Resident #4's "Progdated NJ Execorder 20:4b1 a resident stated that indicated the reside behaviors. Resident #4's "Progdated NJ Execorder 20:4b1 a the resident NJ Execorder 20:4b1 a signed by RN #4, the NJ Execorder 20:4b1 at 4:15 a hallway NJ Execorder 20:4b	gress Notes" revealed a note, at 9:17 AM and electronically hat indicated that, on PM, Resident #4 was with the note indicated that hable to provide a statement ed. Per the note, Resident #4				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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A 751	indicated changes is service plan. Resident #4's service statement addressi or NJ Executive plan was not revised documented instan NJ Exec Order 26.4 resident was at risk how to intervene show to intervene show to intervene show to intervene show the Executive Director order 26.4 when they were found in the Executive Director order began vertically would identife the Executive Director order began vertically would be an interview order began vertically an	-	A 751	DETICITY		
		n and Health Assessment] - V 9				

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A 751	Continued From pa	ige 28	A 751			
	[Version 9]," dated Resident #5 had No relation to NJ Exec 0 should provide Res	J Exec Order ^{26,4b1} , revealed that J Exec Order 26,4b1 in Order 26,4b1 and that staff sident #5 with NJ Exec Order ^{26,4b1} as hat they did not compromise				
	dated NJ Exec Order 28.451 asigned by Registere indicated Resident plastic bag containing while vo. The note incomplete of the containing while vo. The note incomplete of the containing while vo. NJ Exec Order 28.451 back to the containing while vo. NJ Exec Order 28.451 to their	gress Notes" revealed a note, at 3:16 PM and electronically ed Nurse (RN) #3, that #5 was seen with a clear and their methods and their room and that their new environment was uraged to attend activities and eers.				
Resident #5's "Progress Notes" revealed a note, dated NJEXECOTOGE 26.451 at 10:17 AM and electronically signed by RN #3, that indicated Resident #5 began Outside of their room around 2:30 AM while stating they NJ Exec Order 26.4b1 and take a walk. The note indicated the resident was assisted back to bed but that Resident #5 was back in their wheelchair NJEXECOTOGE 26.451 in their room by 3:16 AM. The note indicated that Resident #5 was NJ Ex Order 26.4(b)(1) to their new environment. Per the note, staff would continue to redirect Resident #5 when they NJEXECOTOGE 26.451						
	dated NJ Exce Order 20.4b1 a signed by RN #3, the NJ Exce Order 20 on NJ Exce Order 20 revealed Resident :	gress Notes" revealed a note, at 2:19 PM and electronically neat revealed Resident #5 ***********************************				

	DEATHER ATION NUMBER		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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A 751	Resident #5 stated, indicated that the rethe building 'NJ Exec Order wheelchair up the NJ Exec Order 26.4 NJ	NJ Exec Order 26.4b ." The not esident was NJ Exec Order er 26.4b1 " and another resent NJ Exec Order 26.4b1 in the executed towards a road at the end of the executed towards a road at the executed that a executed executed	te 26.4b1 of sident eir and a focus	A 751			
A 925	personal care home shall be capable of services are provide with the prescriber's health care plan, ar	residence, comprehence, or assisted living pro- ensuring that pharmaced to residents in accosorders, each resident and in accordance with tall applicable State and	ogram ceutical ordance t's the rules	A 925			

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A 925	Continued From pa	ge 30		A 925			
	by: Based on interview policy review, the farmedications as orderesidents reviewed Findings included: A facility policy titled Process," revised 0 History and Physica Physician's Move-Ir (within 30-90 days I received by the Health Care Coordine reviews the Service Assessment, the Pl Physician's Move-Ir used to arrange ordered.	and facility documer acility failed to administered for 1 (Resident for pharmaceutical states of the control of	nt and ister #2) of 3 services. ve-In , "3. A t) and leted [sic] be r or ame] is known "B. The urse urse lith d ation is				
	admitted the reside to the service plan,	ce plan indicated the nt on ^{N Exec} order ^{28,451} . Ac the resident had a m d diagnoses of ^{N Execorde}	ccording nedical				
	initiated or NJ Exec Order was NJ Exec Order Interventions direct	ce plan included a formal that indicated the 26.451 their medied staff to assist the ns with their preferre	ne resident ications. resident				

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
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A 925	Continued From pa	ige 31	A 925			
	Record/Report," da Resident #2 returner rehabilitation center staff to administer and two sprays of the Reportable Event From Subsect Order 20.4001 the (APN) reviewed Redocuments and not NJ Exec Order 26.4 Resident #2's trans Event Record/Reportable Event Record/Reportable Event Reportable Even	titled, "Reportable Event ated "J Exec Order 28.461", revealed that ed to the facility from a r on "N Exec Order 28.461" one tablet daily NJ Exec Order 26.461 one time a day. The Record/Report revealed that, Advanced Practice Nurse esident #2's discharge ticed that "J Exec Order 26.461" and 461 were missing on scribed orders. The Reportable ort revealed that the nurse on immediately transcribed and ations from the pharmacy. Per ent Record/Report, Resident #2 of their ordered "NJ Exec Order 28.461" [6.461].				
	An undated document titled, "Addendum," revealed that Registered Nurse (RN) #3 was re-educated by the Regional Resident Care Director regarding transcribing and confirming new orders per facility protocol.					
During an interview on 01/27/2025 at 1:44 PM, RN #3 stated that when a new resident moved in, the nurses received the resident's medication prescriptions and entered them into the medication administration record. She stated that if a licensed practical nurse (LPN) or RN entered the orders, then another RN checked the orders for accuracy. RN #3 stated they could not recall if Resident #2 missed any medications and did not recall a time when orders were not transcribed into the computer system. RN #3 did not remember a time when						

	N OF CORRECTION IN IDENTIFICATION NUMBER			E CONSTRUCTION	(X3) DATE :	
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A 925	Continued From pa	ge 32	A 925			
	any training regardi	ng transcribing orders.				
	During an interview the ED stated she exprescriptions into the moved in or returned ED noted it was definitive responsible for Resident #2's prescreturned to the facility retrained after the into ensure another Exprescriptions or other was unaware of any	on 01/28/2025 at 10:24 AM, expected nurses to transcribe the computer when a resident and from another facility. The termined that RN #3 was the for not transcribing all of criptions when the resident lity. The ED stated RN #3 was incident by the regional office RN checked orders for missing the errors. The ED stated she by changes to the transcription incident involving Resident #2's				



Sunrise Senior Living Plan of Correction

Name of Facility:

Sunrise of Morris Plains

Address of Facility:

209 Littleton Road. Morris Plains, NJ 07950.

License number:

90117

Inspection date(s):

January 27-29, 2025.

Name and Title of Legal Entity Representative Signing the Plan of Correction:

Andrea Martinez, Executive Director

Signature of Sunrise Representative: NJ Exec Order 26.4b1

Date of Submission: April 4, 2025

Regulation	Target Date by Which Correction will be completed	Plan of Correction
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;	4/7/2025	Resident # 2 Moved out of facility on Resident #3 Moved out of the facility on Resident #5 Moved out of the facility on Resident #5 Moved out of the facility on receiving the survey report on 1/29/2025, community Executive Director and Resident Care Director, RN, began re-training sessions on 1/30/2025 of Care Coordinators, CNAs, HHAs, CMAs, LPNs, RNs. The following policies were reviewed: 'Assessing and Evaluating Residents', Individualized Service Plan', 'Responding to Medical Emergencies, and 'Cardiopulmonary Resuscitation', and 'Elopement and Missing Residents'. Immediate re-training was also conducted on 1/16/2025. ED or designee will ensure training on these policies with new team members upon hire. ED or designee will ensure re-education is provided as necessary, particularly in response to policy updates. This Plan of Correction to ensure the accuracy of resident's Code Status orders, and 'Responding to Medical Emergencies 'will be discussed and evaluated quarterly for two quarters by the ED or designee and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violations does not occur again. QAPI meeting initiated on 1/30/2025 by the ED with the coordinators.

Sunrise of Morris Plains

v.2 2022

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20 Responses on the enclosed plan of correction do not constitute an admission or agreement of the 0994 truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Regulation	Target Date by Which Correction will be completed	UNRISEPIan of Correction SENIOR LIVING
A 389 8:36- 4.1(a)(16) Resident Rights (a) Each assisted living provider will 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: 16. The right to be free from physical and mental abuse and/or neglect;	4/7/2025	Resident #1 1/16/2025. All residents in the facility with 'DNR' orders have the potential to be affected. 1/30/2025, Resident Care Director, RN, reviewed all resident's code status orders for accuracy. On 1/30/2025, Executive Director and Resident Care Director, RN, began re-training sessions for the care staff (CNAs, HHAs, CMAs, LPNs, RNs) on Resident 'Code Status' orders. If as resident is found unresponsive and without a pulse, the team member will validate the resident's code status; available on the tablet through POC/eMAR and paper chart. Review of Policies included in the training sessions: CPR, Responding to Medical Emergencies, General Service Plans. Our facility uses an eMAR and Point of Care (POC) to document medication administration and care provided to residents. Each resident's code status is displayed on the eMAR and POC screens (DNR or Full Code). This information is readily available to all Team Members. In addition, all residents have a 'move-in' record (face sheet) in front of their chart that specifies their code status. All residents with signed and current 'DNR' or 'POSLT' have the paper order available that is in front of their chart. ED or designee, and RCD or RN designee will review the 'Assessment and Orders-Code Status' during weekly Interdisciplinary meetings for 4 weeks. This Plan of Correction to ensure the accuracy of resident's Code Status orders will be discussed and evaluated quarterly for two quarters by the ED or designee and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to verify the violations does not occur again. QAPI meeting initiated on 1/30/2025 by the ED with the department coordinators.

Sunrise of Morris Plains

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Regulation	by Which Correction will be completed	UNRISEPIan of Correction SENIOR LIVING
A 751 8:36-7.3(b) Resident Assessments and Care Plans (b) The resident health service plan shall be reviewed, and if necessary, revised quarterly, and as needed, based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.	4/7/2025	Resident #3 Moved out of the facility on the facility on the facility of the facility on the facility on the facility of the facility on the facility of the facility that present with risk factors of elopement have the potential to be affected. RN reviewed care plans for accuracy with interventions. Appropriate updates were made to the resident's medical record. On 1/30/2025, ED completed training on 'Assessing and Evaluating Residents', 'Health and General Service Plan'. RN and ED or designee will review, discuss and document plan of care for residents with elopement risk factors during weekly 'Interdisciplinary' meetings for 4 weeks, or until needs resolve. This removal plan is to ensure the accuracy of proper interventions for each resident who shows risk factors for elopement and will be evaluated quarterly for two quarters by the Executive Director or designee at the Quality Management (QAPI) meeting to verify it is still effective. If not effective, it will be amended, and a new removal plan and training will be implemented and evaluated to verify the violations does not occur again. QAPI meeting initiated on 1/30/2025.
A 925 8:36-11.2 Pharmaceutical Services The assisted living residence, comprehensive personal care home, or assisted living program shall be capable of ensuring that pharmaceutical services are provided to residents in accordance with the prescriber's orders, each resident's health care plan, and in accordance with the rules of this chapter	4/7/2025	All residents receiving medication administration assistance in the facility have the potential to be affected. On 1/30/2025 RN reviewed residents who were re-admitted and new admissions in the last 14 days. This audit focused on the medication reconciliation for accuracy. Resident Care Director, RN completed audit to include the following steps: 1. Receiving the written orders from prescriber. 2. Fax written orders to the preferred pharmacy. 3. Transcribe orders in PCC. 4. Review entered orders with the pharmacy and the original written orders for accuracy. 5. Resident Care Director, RN, or RN designee will review each re-admission for medication reconciliation accuracy. Training conducted for nurses (LPNs, and RNs) focusing on the critical steps to take when entering orders for residents who are readmitted to the facility. This training aimed to enhance the understanding and execution of proper entry procedures to improve patient safety. Steps include: 1. Receiving the written orders from prescriber. 2. Fax written orders to the preferred pharmacy. 3.

Sunrise of Morris Plains

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Regulation	Target Date by Which Correction will be completed	UNRISE Plan of Correction SENIOR LIVING
and all applicable State and Federal laws and regulations.		Transcribe orders in PCC. 4. Review entered orders with the pharmacy and the original written orders for accuracy. 5. Resident Care Director, RN, or RN designee will review each re-admission for medication reconciliation accuracy.
		The Resident Care Director, RN, or RN designee will review each re-admission for medication reconciliation accuracy. RN, Care Coordinators and ED or designee will review and discuss plan of care for residents returning to the community during weekly Interdisciplinary meetings. The accuracy of medication reconciliation will be discussed first quarter period by the Executive Director or designee at the Quality Assurance and Performance Improvement (QAPI) committee to verify it is still effective. If not effective, it will be amended, and a new corrective plan and training will be implemented and evaluated to verify the violations does not occur again.