

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: COGCWM	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/22/2024
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NAME OF PROVIDER OR SUPPLIER SUNRISE ASSISTED LIVING OF LINCROFT	STREET ADDRESS, CITY, STATE, ZIP CODE 734 NEWMAN SPRINGS ROAD LINCROFT, NJ 07738
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00178547</p> <p>CENSUS: 60</p> <p>SAMPLE SIZE: 6</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

01/10/25

New Jersey Department of Health

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00178547</p> <p>Based on interview and review of records, it was determined that the facility failed to ensure the development and implementation of a comprehensive policy that included all Reportable Events which require immediate notification to the Department of Health for 1 of 6 Residents reviewed, Resident #3.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 8/9/2024, the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), a document used by healthcare facilities to report incidents to the NJDOH. The FRE revealed that on [NJ Ex Order 26.4(b)(1)] at 4:00 a.m., Resident #3 was [NJ Ex Order 26.4(b)(1)] of his/her room with [NJ Ex Order 26.4(b)(1)] and was [NJ Ex Order 26.4(b)(1)] by the Hospice Registered Nurse (RN) at 5:05 a.m. on [NJ Ex Order 26.4(b)(1)].</p> <p>The FRE revealed that upon investigation, the Care Manager (CM) assigned to Resident #3 had fallen asleep and did not have a pager on his/her person. The FRE additionally indicated that Resident #3 had pressed his/her pendant at approximately 2:30 a.m.; and at around 4:00 a.m., the CM realized that Resident #3 had pressed the pendant. The CM found Resident #3 [NJ Ex Order 26.4(b)(1)] and [NJ Ex Order 26.4(b)(1)].</p> <p>On 10/22/2024, the surveyor reviewed the</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>medical record (MR) which indicated Resident #3 moved into the facility on [redacted], with diagnoses that included [redacted] and [redacted]. The surveyor reviewed Resident #3's Service Plan and observed interventions related to Resident #3's [redacted] factors which included: "...CALL DEVICE PENDANT, PULL CORD IS IN REACH...".</p> <p>On 10/22/2024 at 12:12 p.m., the surveyor interviewed the Executive Director (ED) and inquired about the FRE submission to the NJDOH. The ED explained that in instances where the ED notifies the NJDOH, the ED first notifies corporate about the event; and additionally, that the event will be reported to the NJDOH. The ED confirmed that this FRE was submitted through the NJDOH portal, then the ED followed up with an email to confirm receipt. The ED confirmed with the surveyor that the portal submission was completed in [redacted].</p> <p>On 10/22/2024, the surveyor reviewed the facility's policy, with the revision date of 6/13/22, titled, "New Jersey (Addendum) Incident and Event Reporting," which indicated, "...Incident: A report required by the applicable state licensing agency regarding an adverse or unusual incident involving a resident... Action Steps: 1. The Executive Director (ED)/designee will immediately notify the Division of Health Facility Survey and Field Operations by telephone at...".</p>	A 310		
A 401	<p>8:36-4.1(a)(22) Resident Rights</p> <p>(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</p>	A 401		

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A 401	<p>Continued From page 3</p> <p>assisted living programs. Each resident is entitled to the following rights:</p> <p>22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ00178547</p> <p>Based on interview and review of other pertinent facility documents, it was determined that the facility failed to ensure a safe environment while providing care and services to 6 of 6 residents reviewed: Resident #s 1, 2, 3, 4, 5 and 6. This deficient practice is evidenced by the following.</p> <p>On 8/9/2024, the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), a document used by healthcare facilities to report incidents to the NJDOH. The FRE revealed that on NJ ex order 26.4b1 Resident #3 NJ ex order 26.4b1 of his/her room with NJ ex order 26.4b1 and was NJ ex order 26.4b1 by the Hospice Registered Nurse (RN) at NJ ex order 26.4b1</p> <p>The FRE revealed that upon investigation, the Care Manager (CM) assigned to Resident #3 had fallen asleep and did not have a pager on his/her person. The FRE additionally indicated that Resident #3 had pressed his/her pendant at approximately 2:30 a.m.; and at around 4:00 a.m., the CM realized that Resident #3 had pressed the pendant. The CM found Resident #3</p>	A 401		

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A 401	<p>Continued From page 5</p> <p>2. On 10/22/2024, the surveyor reviewed the MR of Resident #2 that revealed a move in date of [redacted] with diagnoses that included [redacted] and NJ ex order 26.4b1. The surveyor reviewed Resident #2's SP and observed interventions related to Resident #2's [redacted].</p> <p>3. On 10/22/2024, the surveyor reviewed the MR of Resident #3 that revealed a move in date of [redacted], with diagnoses that included NJ ex order 26.4b1. The surveyor reviewed Resident #3's SP and observed interventions related to Resident #3's [redacted].</p> <p>4. On 10/22/2024, the surveyor reviewed the MR of Resident #4 that revealed a move in date of [redacted], with diagnoses that included essential NJ ex order 26.4b1.</p> <p>5. On 10/22/24, the surveyor reviewed the MR of Resident #5 that revealed a move in date of [redacted], with diagnoses that included [redacted]. At 2:14 p.m., the surveyor interviewed Resident #5. When the surveyor inquired how the resident could ask for assistance, Resident #5 explained that he/she presses the pendant for help. In the same interview, when the surveyor inquired about the wait times after pressing the pendant, Resident #5 said, "Sometimes, you wait a long time, and sometimes you don't." Resident #5 further explained that he/she waited a long time for help this morning and someone came eventually, but there was no explanation for what took them so long to help him/her.</p>	A 401		

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A 401	<p>Continued From page 6</p> <p>6. On 10/22/2024, the sureyor reviewed the MR of Resident #6 that revealed a move in date of [redacted] with diagnoes that included [redacted] [redacted]</p> <p>On 10/22/24 at 11:40 a.m., the surveyor met with the Executive Director (ED) and requested the "Device Activity Report" (DAR) for the call bells and pendant system for [redacted] [redacted] The surveyor was provided with the 167-page DAR from [redacted] [redacted] The ED explained that the facility was unable to access the DAR from [redacted] [redacted] The ED mentioned that she reached out to the company for assistance with troubleshooting and to gain access to the [redacted] [redacted] DAR. By the completion of the survey on 10/22/24, the [redacted] [redacted] DAR was not provided to the surveyor.</p> <p>Upon surveyor review of the DAR from [redacted] [redacted] the surveyor observed delayed "User Clear" times, greater than 10 minutes, for pendant calls. The findings were as follows:</p> <ol style="list-style-type: none"> 1) Between the dates of [redacted] [redacted], Resident #1 had 17 instances where the User Clear time for his/her pendant was greater than 10 minutes. 2) Between the dates of [redacted] [redacted] Resident #2 had three instances where the User Clear time for his/her pendant was greater than 10 minutes. 3) Between the dates of [redacted] [redacted], Resident #4 had two instances where the User Clear time for his/her pendant was greater than 	A 401		

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A 401	Continued From page 7 10 minutes. 4) Between the dates of NJ ex order 26.4b1 Resident #5 had 17 instances where the User Clear time for his/her pendant was greater than 10 minutes. 5) Between the dates of NJ ex order 26.4b1 , Resident #6 had one instance where the User Clear time for his/her pendant was greater than 10 minutes. On 10/22/24 at 10:50 a.m., the ED met with the surveyor and reported that the facility did not have a policy for the pendants or call bell system.	A 401		
A 539	8:36-5.7(a)(2) General Requirements (a) A policy and procedure manual(s) for the organization and operation of the facility or program shall be developed, implemented, and reviewed at least annually. Each review of the manual(s) shall be documented, and the manual(s) shall be available in the facility or program to representatives of the Department at all times. The manual(s) shall include at least the following: 2. A description of the services which the assisted living residence, comprehensive personal care home or assisted living program is capable of providing; This REQUIREMENT is not met as evidenced by:	A 539		

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A 539	<p>Continued From page 8</p> <p>Complaint # NJ00178547</p> <p>Based on observation, interview, and review of records, it was determined that the facility failed to ensure that a policy was developed and implemented for the call bell and pendant system, which is a service the facility provides to the residents. This deficient practice was evidenced by the following:</p> <p>On 10/22/2024 at 9:41 a.m., the surveyor requested several policies from the Licensed Practical Nurse (LPN) who worked in the Community Office which included the facility's policy for the pendants and call bell system.</p> <p>At 10:32 a.m., the surveyor interviewed the Lead Care Manager (LCM) who explained that the resident pendants and call bells, which were located next to the residents' beds, and in the residents' bathrooms, were all part of the same system. The LCM explained further that all CMs were required to carry pagers, which alerted the CMs when a resident was requesting assistance through the call bell system, for the duration of their shifts.</p> <p>At 10:50 a.m., the surveyor interviewed the Executive Director (ED) who reported that the facility did not have a policy for the pendants or call bell system.</p>	A 539		
A 563	<p>8:36-5.10(a)(2) General Requirements</p> <p>(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:</p>	A 563		

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A 563	<p>Continued From page 9</p> <p>2. Any major occurrence or incident of an unusual nature, including, but not limited to, all fires, disasters, any elopements; and all deaths resulting from accidents or incidents in the facility or related to facility services. Reports of such incidents shall contain information about injuries to residents and/or personnel, disruption of services, and extent of damages;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint # NJ00178547</p> <p>Based on interview and review of records, it was determined that the facility failed to notify the New Jersey Department of Health (NJDOH) of an incident related to the program's services immediately by telephone, followed by a written confirmation within 72 hours, for 1 of 6 Residents reviewed, Resident #3.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 8/9/2024, the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), a document used by healthcare facilities to report incidents to the NJDOH. The FRE revealed that on NJ ex order 26.4b1</p>	A 563		

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A 563	<p>Continued From page 10</p> <p>Resident #3 NJ ex order 26.4b1 and was NJ ex order 26.4b1 by the Hospice Registered Nurse (RN) at NJ ex order 26.4b1.</p> <p>The FRE revealed that upon investigation, the Care Manager (CM) assigned to Resident #3 had fallen asleep and did not have a pager on her person. The FRE additionally indicated that Resident #3 NJ ex order 26.4b1 and at around 4:00 a.m., the CM realized that Resident #3 had pressed the pendant. The CM found Resident #3 NJ ex order 26.4b1.</p> <p>On 10/22/2024, the surveyor reviewed Resident #3's Medical Record (MR) that revealed a move in date of NJ ex order 26.4b1, with diagnoses that included NJ ex order 26.4b1. The surveyor reviewed Resident #3's Service Plan and observed interventions related to Resident #3's NJ ex order 26.4b1.</p> <p>On 10/22/2024 at 12:12 p.m., the surveyor interviewed the Executive Director (ED) and inquired about the FRE submission to the NJDOH. The ED explained that in instances where the ED notifies the NJDOH, the ED first notifies corporate about the event; and additionally, that the event will be reported to the NJDOH. The ED confirmed that this FRE was submitted through the NJDOH portal, then the ED followed up with an email to confirm receipt. The ED confirmed with the surveyor that the portal submission was completed in NJ Ex Order 26.4(b)(1).</p> <p>On 10/22/2024, the surveyor reviewed the facility's policy, with the revision date of 6/13/22, titled, "New Jersey (Addendum) Incident and</p>	A 563		

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A 563	Continued From page 11 Event Reporting," which indicated, "...Incident: A report required by the applicable state licensing agency regarding an adverse or unusual incident involving a resident ... Action Steps: 1. The Executive Director (ED)/designee will immediately notify the Division of Health Facility Survey and Field Operations by telephone at ...".	A 563		


POC #2 received 1/16/25
Accepted



Name of Facility: Sunrise of Lincroft
 Address of Facility: 734 Newman Springs Road, Lincroft, NJ 07738
 License number: COGCWM
 Inspection date(s): 10/24/24
 Name and Title of Legal Entity Representative Signing the Plan of Correction:
 NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1)
 Signature of Sunrise Representative: _____
 Date of Submission: 1/16/25

Regulation	Target Date by Which Correction will be completed	Plan of Correction
A 310 8:36-3.4(a)(1) Administration	February 7, 2025	<ol style="list-style-type: none"> Resident #2 [redacted] the hospital on [redacted] Resident #3 [redacted] in the [redacted] All Residents have the potential to be affected by this deficient practice. The Executive Director reviewed the facility's policy on 10/22/24 with the revision date of 6/13/22, titled, "New Jersey (Addendum) Incident and Event Reporting" And will follow the policy moving forward. The Executive Director will immediately notify the Division of Health Facility Survey and Field Operations by telephone when a reportable event occurs. The Executive Director will in-service the Department Coordinator team on the policy titled "New Jersey (Addendum) Incident and Event Reporting." This education began on 1/8/25 and will be completed by February 7, 2025. The Executive Director reviewed the prior 6 months of reportable events for timely reporting. The Executive Director will perform a monthly audit of all reportable events to ensure that the facility's policy titled "New Jersey (addendum) Incident and Event Reporting" is adhered to. This audit will continue for 3 months, and the findings will be reported at the Quarterly QAPI meeting. At that time, it will be determined by the Committee if the continuation of the audits is warranted. <p style="text-align: right;">Approved 1/17/25</p>
A 401 8:36-4.1(a)(22) Resident Rights	February 7, 2025	<ol style="list-style-type: none"> Resident #2 expired at the hospital on 10/31/24. Resident #3 [redacted] The Executive Director met with residents #1,4,5 and 6 to address reports of delayed call bell response. The Executive Director will speak at the next Resident Council regarding pendant response times and will encourage residents to notify her or the Resident Care Director if they encounter an issue with a response time. All Residents have the potential to be affected by this deficient practice.

Regulation	Target Date by Which Correction will be completed	 Plan of Correction
A 539 8:36-5.7(a)(2) General Requirements	February 7, 2025	<p>3. The Executive Director will perform a weekly audit of call bell response time for 3 months to ensure that the facility is providing a safe environment for its Residents. Any responses greater than 10 minutes will be reviewed and discussed with staff members that were involved. Results of the audit will also be reviewed at Stand up. The Executive Director and the Resident Care Director will in-service all Care Managers on the requirement of carrying pagers at all times and the need to respond quickly to pendants. Staff will also be reminded that sleeping on the job will result in termination. The education was started 7/2024 and is ongoing. The education will be completed by February 7, 2025. The call bell reports were reviewed, and any discrepancies were addressed.</p> <p>4. The Executive Director will update the QAPI committee on the status of pendant response audits at the next Quarterly Meeting. At that time, it will be determined by the Committee if the continuation of the audits is warranted. The call bell response time will be reviewed at Stand-up meetings to ensure the effectiveness of the corrective action once the audit is complete.</p> <p style="text-align: right;">Approved 1/17/25</p> <p>1. Resident #2 NJ ex order 26.4b1 Resident #3 NJ ex order 26.4b1</p> <p>2. All Residents have the potential to be affected by this deficient practice.</p> <p>3. Executive Director reviewed the facility's policy titled "Resident safety system Test and inspect" and will follow the policy moving forward. Executive Director will ensure that the emergency call system which includes pendants worn by Residents will be tested, inspected and maintain as per the policy. Executive Director will in-service all Department Coordinators on the policy titled "Resident safety system Test and Inspect." This education was started on 1/8/2025 and will be completed by February 7, 2025. The Executive Director reviewed the last 6 months of the Arial e-call system to ensure testing and inspection was completed timely.</p> <p>4. The Executive Director will review the facility's policy titled "Resident safety system Test and inspect" at the next quarterly QAPI meeting and ensure the policy is followed. The policy will be reviewed and updated annually.</p> <p style="text-align: right;">Approved 1/17/25</p> <p style="text-align: center;">Sunrise of Lincroft</p>

Regulation	Target Date by Which Correction will be completed	 Plan of Correction
A 563 8:36-5.10(a)(2) General Requirements	February 7, 2025	<ol style="list-style-type: none"> 1. Resident #2 NJ ex order 26.4b1 Resident #3 NJ ex order 26.4b1 2. All Residents have the potential to be affected by this deficient practice. 3. The Executive Director reviewed the facility's policy on 10/22/24 with the revision date of 6/13/22, titled, "New Jersey (Addendum) Incident and Event Reporting" and will follow the policy moving forward. The Executive Director will immediately notify the Division of health facility survey and field operations by telephone when a reportable event occurs. The Executive Director also reviewed general requirement 8:36-5. 10(a)(2) regarding notifying the Division of Health facility survey and field operations immediately by telephone, if after business hours, followed within 72 hours of written confirmation of any reportable event. The ED reviewed the prior 6 months of reportable events for timely reporting. 4. The ED will perform a monthly audit of all reportable events to ensure that the facilities policy titled "New Jersey (addendum) Incident and Event Reporting" is adhered to. This audit will continue for 3 months, and the findings will be reported at a quarterly QAPI meeting. At that time, it will be determined by the Committee if the continuation of the audits is warranted. <p style="text-align: right;"><i>Approved</i> <i>1/17/25</i></p>

Sunrise of Lincroft

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER COGCWM Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 1/17/2025 Y3
NAME OF FACILITY SUNRISE ASSISTED LIVING OF LINCROFT	STREET ADDRESS, CITY, STATE, ZIP CODE 734 NEWMAN SPRINGS ROAD LINCROFT, NJ 07738	

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 A0401	Correction	ID Prefix A0539	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(22)	Completed	Reg. # 8:36-5.7(a)(2)	Completed
LSC	01/16/2025	LSC	01/16/2025	LSC	01/16/2025
ID Prefix A0563	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-5.10(a)(2)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/16/2025	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 10/22/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		