

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13A020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2025
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NAME OF PROVIDER OR SUPPLIER SUNRISE OF SHREWSBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 766 BROAD STREET SHREWSBURY, NJ 07702
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A 000	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Standard</p> <p>Census: 83</p> <p>Sample Size: 7</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) Administrator's Responsibilities</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

12/05/25

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the Administrator failed to ensure the implementation and enforcement of the facility policies titled, "Incident and Event Reporting" for 2 of 7 residents, Resident #3 and #7; and additionally, failed to enforce the "Storage of Medication" policy. This deficient practice was evidenced by the following:</p> <p>1. On 10/21/25 at 1:00 p.m., the surveyor reviewed Resident #3's medical record (MR) which revealed that the resident moved into the facility in ^{NJ Ex Order 26.4(b)(1)} with a diagnosis of NJ Ex Order 26.4(b)(1)</p> <p>On 10/22/25 at 10:15 a.m., the surveyor reviewed a progress note (PN) dated ^{NJ Ex Order 26.4(b)} at 9:35 p.m., and documented by a Licensed Practical Nurse (LPN) #1, which indicated that a ^{NJ Ex Order 26.4B} at 7:21 p.m. The LPN further documented, "^{NJ Ex Order 26.4B1} [REDACTED]." The LPN documented that the Physician's Assistant (PA), Wellness Nurse (WN), Resident #3's responsible party and ^{NJ Ex Order 26.4B1} were notified.</p> <p>At 10:40 a.m. the surveyor interviewed the Resident Care Director (RCD) and inquired about the above incident and the RCD stated that she "was not sure", and would have to refresh her memory and look at the medical record.</p>	A 310		
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A 310	<p>Continued From page 2</p> <p>At 10:55 a.m. the surveyor interviewed the Executive Director (ED) regarding the incident that occurred on NJ Ex Order 26.4b with Resident #3 and inquired whether an investigation was completed. The ED stated that the facility utilized "NJ Ex Order 26.4B1" to document incidents and that she would provide the report to the surveyor. The ED further stated that she remembered being called about the incident and that "NJ Ex Order 26.4B1"; and, from what the ED remembered a resident NJ Ex Order 26.4(b)(1) Resident #3 which resulted in Resident #3 NJ Ex Order 26.4b.</p> <p>The surveyor reviewed the "Resident Event" report provided by the ED, which revealed that Resident #7 NJ Ex Order 26.4b Resident #3 NJ Ex Order 26.4B1. The surveyor observed that there was no further documentation of follow up intervention(s). The ED was unable to provided documentation of an investigation of the incident to the surveyor.</p> <p>At 11:05 a.m., the surveyor interviewed the WN, a Registered Nurse who stated that he was notified of the above incident by the LPN. The WN stated that Resident #7 NJ Ex Order 26.4b Resident #3, and that both residents resided in the NJ Ex Order 26.4B1. The WN explained that Resident #3 was NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4b other residents NJ Ex Order 26.4(b)(1). The WN further explained that Resident #7 was NJ Ex Order 26.4b and when Resident #3 came NJ Ex Order 26.4(b)(1) Resident #7 reacted by NJ Ex Order 26.4B1 Resident #3 NJ Ex Order 26.4b which NJ Ex Order 26.4B1.</p> <p>Additionally, the surveyor reviewed Resident #7's MR which revealed that Resident #7 moved into NJ Ex Order 26.4B1.</p>	A 310		
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A 310	<p>Continued From page 3</p> <p>The surveyor reviewed a PN dated [redacted] at 9:01 p.m., documented by the LPN which indicated that the Care Manager (CM) stated that Resident #7 [redacted] Resident #3, [redacted] while Resident #3 was [redacted] in the hallway.</p> <p>At 2:30 p.m., the surveyor interviewed LPN #1 who was on duty the evening of the [redacted] and she stated that the CM reported to her that Resident #3 [redacted]. LPN #1 stated that Resident #3 [redacted] the hallway and that Resident #7 [redacted] Resident #3 [redacted] which [redacted].</p> <p>During continued surveyor interview with LPN #1, the LPN stated that Resident #7 did not like [redacted] Resident #7 [redacted] Resident #3 [redacted] and Resident #3 [redacted]."</p> <p>The surveyor reviewed a facility policy titled, "Incident and Event Report", with a last revision date of 4/25/25 which revealed, "Policy Statement: ...It is the policy of the community to ensure that ...team members...accurately report and document incidents to promote early intervention, improve quality of care for our residents, improve safety for residents...and reduce the risk of harm...Definition...Event: ...an unanticipated occurrence ...that caused or could cause harm to a resident...Procedure:...3...b. Documentation of the investigation, outcomes and steps taken shall be retained by the community, such documentation shall be made available for review at the Department's request...12. The ED/designee will investigate each incident/event to determined the circumstances of the incident/event and institute appropriate measures to prevent similar future</p>	A 310		
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A 310	<p>Continued From page 4</p> <p>situations...14. For resident events, the Resident Care Director (RCD)/designee will:...d. Investigate the cause and facts of the incident/event..."</p> <p>2. On 10/22/25 at 10:15 a.m., after medication administration observation, the surveyor inquired about the storage for medications which required refrigeration. The surveyor accompanied LPN #2 to a locked room that automatically locked upon entry. The surveyor observed that the outside of the refrigerator did not have a functioning lock. During interview with LPN #2, she stated that the lock on the outside of the refrigerator had been broken "for awhile" but could not recall exactly how long.</p> <p>Additionally, the surveyor observed that the inside of the refrigerator contained a lock box which was adhered to the inside of the refrigerator. The surveyor observed medications in the locked box portion of the refrigerator. The surveyor inquired if the LPN notified anyone that the lock on the outside of the refrigerator was broken and she stated yes, that everyone knew that the lock was broken.</p> <p>The surveyor observed a policy dated February 19, 2014 and titled, "Storage of Medication", which revealed, " I. Policy The purpose of this policy and procedure is to ensure that residents' medication is stored in a safe and secure manner consistent with applicable laws and regulations. II. Procedure...B. Refrigeration 1. Medication is stored in a designated refrigerator. 2. Refrigerators must be locked..."</p>	A 310		
A 517	8:36-5.6(b)(1-7) Staffing Requirements	A 517		

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A 517	<p>Continued From page 5</p> <p>(b) The facility or program shall develop and implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, the following:</p> <ol style="list-style-type: none"> 1. The provision of services and assistance in accordance with the concepts of assisted living and including care of residents with physical impairment; 2. Emergency plans and procedures; 3. The infection prevention and control program; 4. Resident rights; 5. Abuse and neglect; 6. Pain management; and 7. The care of residents with Alzheimer's and related dementia conditions and in accordance with N.J.A.C. 8:36-19. 	A 517		

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A 517	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to provide documentation of orientation and staff education upon employment and annually, to include at a minimum the following: assisted living concepts, emergency plans and procedures, infection prevention and control, resident rights, abuse and neglect, pain management, and care of residents with dementia, for 6 of 7 employee files reviewed, Employee #'s 1, 2, 3, 4, 5, and 7. This deficient practice was evidenced by the following:</p> <p>On 10/21/25 at 11:30 a.m., the surveyor requested a sample of employee personnel files for review.</p> <p>1. The surveyor reviewed Employee #1's file, which had a NJ Ex Order 26. 4B1, and the title of Cook, and observed that there was no documentation to reflect that required orientation education for assisted living concepts, emergency plans and procedures, resident rights, pain management, and care of residents with dementia was completed upon hire.</p> <p>2. The surveyor reviewed Employee #2's file, which had a NJ Ex Order 26. 4B1, and the title of Executive Director (ED), and observed that there was no documentation to reflect that required orientation education was completed upon hire.</p>	A 517		

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A 517	<p>Continued From page 7</p> <p>3. The surveyor reviewed Employee #3's file, which had a NJ Ex Order 26. 4B1, and the title of Wellness Nurse, and observed that there was no documentation to reflect that annual pain management education was completed.</p> <p>4. The surveyor reviewed Employee #4's file, which had a NJ Ex Order 26. 4B1, and the title of Director of Wellness (DOW), and observed that there was no documentation to reflect that annual infection control education was completed</p> <p>5. The surveyor reviewed Employee #5's file, which had a NJ Ex Order 26. 4B1, and the title of Dining Services Coordinator (DSC), and observed that there was no documentation to reflect that annual assisted living concepts education was completed.</p> <p>6. The surveyor reviewed Employee #7's file, which had a NJ Ex Order 26. 4B1, and the title of Certified Medication Aide (CMA), and observed that there was no documentation to reflect that annual emergency plans and procedures education was completed.</p> <p>On 10/22/25 at 2:15 p.m., the surveyor interviewed the ED and inquired about who was responsible for maintaining the employee personnel files. The ED stated that the business office manager was responsible for maintaining the personnel files, and she was doing the best she can to obtain the information as she was not here and may have documents available that may not have been uploaded.</p> <p>At the time of the survey, the Business Office Manager was not available for interview.</p>	A 517		

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A 517	<p>Continued From page 8</p> <p>Surveyor review of a facility policy dated July 2025, titled, "Annual Training Assignment," which revealed, "2025 Annual Training Calendar: New Jersey: Courses listed will be assigned in the learning Channel to the appropriate audience... January Infection Control Essential Principles February Dementia Care March Essentials of Resident Rights...May Work Place Emergencies and Natural Disasters June Fire safety, The Basics, Chronic Pain Management and Substance Use Disorder...November Abuse and Neglect...What is Wellness?..."</p> <p>Surveyor review of a facility job description dated October 2024, titled "Executive Director - US, BC," which revealed the following, "Essential Duties ...Guiding team success...Ensure consistent and timely orientation and ongoing training is delivered to team members... Quality Assurance and Regulatory Compliance ...Strive for excellent quality care and service delivery and institute corrective action in a timely manner ...Develop a thorough working knowledge of state/provincial regulations...Ensure community is in compliance with Occupational Safety and Health Administration (OSHA), Health Administration, and Safety Regulations..."</p>	A 517		
A 891	<p>8:36-10.5(a) Dining Services</p> <p>(a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.</p>	A 891		

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A 891	<p>Continued From page 9</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to maintain food service areas, equipment, and utensils in a clean and sanitary condition and failed to ensure that food was properly labeled, dated, handled, and served with adherence to hand hygiene and hair covering requirements. This deficient practice was not in compliance with N.J.A.C. 8:36-10.5(a) and N.J.A.C. 8:24-6.5, which required that food service operations be conducted in accordance with the New Jersey Sanitation Code. This deficient practice was evidenced by the following:</p> <p>On 10/21/25 at 11:30 a.m., during a tour of the kitchen and observation of the lunch meal service, multiple sanitation and food safety concerns were identified. A server in the dining room applied lip balm to her mouth with her fingers and continued serving residents before she entered the kitchen to assist with meal service without washing her hands. Another server and a dishwasher were observed without hair coverings while handling food. A server spilled food on the floor, used a cloth from the counter wiped the spill, rinsed the rag in the server sink, wiped the floor again, and rinsed her hands in the same sink without soap. The sink did not have soap and paper towels.</p>	A 891		

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A 891	<p>Continued From page 10</p> <p>Continued tour of the kitchen revealed: the ice cream freezer contained a heavy build-up of ice and freezer-burned chocolate ice cream without a lid. The ice machine interior contained black and brown residue. A shelf in the server area had a sandwich press covered in dried brown debris and a scale with dried food residue. The same area contained five opened and unlabeled jelly containers that were unrefrigerated contrary to label instructions, a cereal dispenser with mixed unlabeled cereals, syrup with sticky residue, and a carafe of wine covered with plastic wrap and unlabeled. The juice machine was covered in sticky liquid and had gnats present.</p> <p>The small server refrigerator contained brown residue and held four open unlabeled milk containers, tea, and cream cheese. The reach-in refrigerator contained unlabeled fruit salad and cheese crumbles labeled "pudding" dated 9/18. On the kitchen line, a large stock pot was filled with black liquid debris, and a quarter pan contained a scrubber submerged in dark liquid. The line rack held multiple open and undated bread bags placed on top of used plates and plastic bags. The small refrigerator contained watery, discolored chicken salad, unlabeled mayonnaise, and eggs covered with black liquid. An open jar of jelly was unlabeled and unrefrigerated. A portable warmer contained open and unlabeled cookies, gravy mix, a dirty apron, and used plastic bags. Beneath the line, trays and utensils were visibly soiled, and over-ripened bananas with gnats were present. Two plates of unlabeled cookies were found on top of the warmer.</p> <p>The main walk-in refrigerator contained opened and unlabeled butter, mustard, capers,</p>	A 891		

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A 891	<p>Continued From page 11</p> <p>marinades, and cooked bacon and sausage dated 10/2, as well as a sheet pan of unlabeled deli meats. On the back kitchen preparation line, a food slicer, chopper, and can opener had dried brown residue. A jar of tomato paste was opened, undated, and unrefrigerated contrary to label instructions, and a bin containing a mix of cornmeal and flour was unlabeled. A strainer hanging near the dish area was covered with brown residue.</p> <p>At 12:49 p.m., when the surveyor asked about the unlabeled and unsanitized food items, the cook stated that he was aware that food items should be labeled and sanitized but had not done so. He reported being the only cook on the line since starting at the facility on 10/2/25 and acknowledged not having sanitizer on the line, he indicated that he would walk to the dish area to use one. He was unaware that jelly required refrigeration per manufacturer's instructions.</p> <p>At 1:30 p.m., when the surveyor asked what staff were responsible for labeling food items, the Dining Services Coordinator (DSC) stated that all staff were responsible for labeling food and cleaning and that it was her responsibility to ensure those tasks were completed. She stated that the cook knew sanitizer should be set up on the line and that monthly in-services cover sanitation, hand hygiene, and hair covering requirements be completed. However, she acknowledged that she had not verified whether the cleaning schedules were completed and often performed tasks herself when staff did not.</p> <p>On 10/22/25 at 2:15 p.m., the Executive Director (ED) stated she was not aware of the unsanitary conditions and food safety issues in the kitchen but confirmed that monthly in-services and Town</p>	A 891		

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A 891	<p>Continued From page 12</p> <p>Hall education on hand hygiene had been conducted.</p> <p>Surveyor review of a facility job description dated October 2023, "Cook - US, BC job description revealed:Essential Duties: " ...ensures high standards for food taste and quality are upheld at all times ...utilizes production sheets to accurately record food production quantities and cooking, holding, and cooling temperatures ...Completes assigned cleaning duties and ensures accuracy of daily and weekly cleaning logs. Cleans assigned kitchen equipment, including but not limited to stoves, ovens, fryers, microwaves, mixers, slicers, refrigerators, freezers, worktables, prep sinks, ice makers, coffee machines, hoods, and ventilation screens."</p> <p>Surveyor review of a facility job description updated June 2016, Server - US, BC revealed: "Position Summary: Responsible for handling all foods in accordance with sanitary procedures and standards and complies with all federal, state and local regulatory procedures regarding food service."Essential Duties - General Dining Service Duties: "Follows all local, state and federal policies regarding food handling. Maintains standards of cleanliness, hygiene and health standards."Essential Duties - Food Safety and Sanitation: "Safe food handling is practiced at all times to prevent an outbreak of food borne illness. Maintains all work areas in a healthful and safe condition."</p> <p>Surveyor review of a facility job description dated November 2023, titled," Dining Services Coordinator - US, ON, QC," revealed: Role Summary: The Dining Services Coordinator is responsible for providing customer service, overall leadership, and management of the dining</p>	A 891		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13A020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2025
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NAME OF PROVIDER OR SUPPLIER SUNRISE OF SHREWSBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 766 BROAD STREET SHREWSBURY, NJ 07702
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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 891	<p>Continued From page 13</p> <p>and hospitality operations in the community ...ensuring proper sanitation and safe food handling....Essential Duties: Completes and utilizes production sheets to control food quality and portions. Ensures adherence to modified diets, correct portioning of food, and proper serving methods. Prepares and serves meals on time and at the correct temperature. Ensures all food in the Bistro and/or other common areas is fresh, covered, labeled, and dated as applicable. Food Safety, Sanitation and Maintenance: Ensures compliance with local health department regulations ...Practice safe food handling always to prevent contamination and/or an outbreak of food borne illness. Maintains a clean, organized, and clutter-free kitchen environment. Completes and maintains accurate sanitation and cleaning records, including refrigeration and freezer logs, cleaning logs, and dining room/bistro opening and closing checklists. Training, Leadership, and Team Member Development: Develops a working knowledge of state regulations and ensures compliance..."</p> <p>Despite these listed job duties, staff did not ensure proper hand hygiene, hair coverings, cleaning, sanitation, labeling, or maintenance of food service areas and equipment, as evidenced by the conditions observed during the survey.</p>	A 891		
A 901	<p>8:36-10.5(c)(4) Dining Services</p> <p>(c) Meals shall be planned, prepared, and served in accordance with, but not limited to, the following:</p> <p>4. Current menus with portion sizes and any changes in menus shall be posted in the food preparation area. Menus shall be posted in a</p>	A 901		

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A 901	<p>Continued From page 14</p> <p>conspicuous place in residents' area, and/or a copy of the menu shall be provided to each resident. Any changes or substitutes in menus shall be posted or provided in writing to each resident. Menus, with changes or substitutes, shall be kept on file in the facility for at least 30 days;</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and review of pertinent facility documents, it was determined that the facility failed to ensure that the current menus with portion sizes were posted in the food service area.</p> <p>This deficient practice was evidenced by the following and was not in compliance with N.J.A.C. 8:36-10.5(a), which requires facilities to maintain food service operations in accordance with the Sanitation in Retail Food Establishments and Food and Beverage Vending Machines Code (N.J.A.C. 8:24). Specifically, N.J.A.C. 8:24-6.5 requires that menus be made available and followed to ensure consistency and accuracy in meal service.</p> <p>On 10/21/25 at 12:00 p.m., the surveyor toured the facility kitchen and observed that no menu was posted in the food service area that indicated portion sizes.</p> <p>At 12:49 p.m., the surveyor interviewed a Cook in</p>	A 901		

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A 901	<p>Continued From page 15</p> <p>the kitchen regarding how portion sizes were determined when serving food. The Cook stated that he used the serving ladles to serve the correct portions.</p> <p>At 1:30 p.m., the surveyor interviewed the Dining Services Coordinator (DSC) regarding the absence of a posted menu with portion sizes. The DSC stated that she was unaware that menus indicating portion sizes were required to be posted in the food service area.</p> <p>Surveyor review of a facility job description dated October 2023, titled, "Cook - US, BC" revealed, Role Summary: The Cook uses their knowledge and experience in food production to ensure the proper, timely, and safe preparation and service of food according to established recipes, while adhering to all food safety and sanitation requirements and maintaining a safe and orderly kitchen. Responsible to effectively manage all food production in the absence of the Dining Services Coordinator. Essential Duties ... Prepares and serves meals in a timely manner and in accordance with established standardized recipes and menus. Utilizes production sheets to accurately record food production quantities and cooking, holding, and cooling temperatures..."</p> <p>Surveyor review of a facility job description dated November 2023, titled, "Dining Services Coordinator 1-US, ON, QC" revealed, ...Essential Duties: Preparation and Food Service ...Posts and displays weekly and daily menus ...Ensures adherence to modified diets, correct portioning of foods, and proper serving methods..."</p>	A 901		
A1095	8:36-16.5(b) Automatic Fire Detection System	A1095		

New Jersey Department of Health

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A1095	<p>Continued From page 16</p> <p>(b) All fire detection systems shall be installed in accordance with the Uniform Construction Code, N.J.A.C. 5:23, N.J.A.C. 5:70 and the National Fire Alarm Code, National Fire Protection Association (NFPA) 72, 1999 Edition, incorporated herein by reference, as amended and supplemented. National Fire Protection Association publications are available from: NFPA, One Batterymarch Park, Quincy, MA, 02269-9101..</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review of facility documentation on 10/21/25 and 10/22/25 in the presence of the facility's Maintenance Coordinator (MC), it was determined that the facility failed to ensure smoke detector sensitivity was checked every other year of the facility smoke detectors in accordance with NFPA 72 National Signaling Code (2010 Edition) Section 14.4.5.3.2.</p> <p>This deficient practice was identified for 1 of 1 fire alarm systems, which could affect the 83 Residents who resided in the facility and was evidenced by the following:</p> <p>On 10/21/2025 at 10:37 a.m., during the survey entrance a request was made to the Administrator (Admin) and MC to provide all mandatory inspections from 01/01/24 through to 10/20/25 and to provide a copy of the last smoke</p>	A1095		

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A1095	<p>Continued From page 17</p> <p>detector sensitivity testing for review.</p> <p>At 12:10 p.m., a review of the facility provided mandatory inspections for the previous 22 months performed. The surveyor reviewed the following Semi-Annual (every 6 months) Fire Alarm and Detection system inspections:</p> <ol style="list-style-type: none"> 1. On 1/02/24, no documentation of sensitivity testing performed. 2. On 7/26/24, no documentation of sensitivity testing performed. 3. On 1/02/25, no documentation of sensitivity testing performed. 4. On 7/22/25, no documentation of sensitivity testing performed. <p>The above review of the testing revealed no reference to a smoke detector sensitivity testing performed for the smoke detectors in the facility.</p> <p>On 10/21/25 at 12:59 p.m., a request was made to the MC to place a telephone call to the Contracted Fire Alarm Inspection Vendor (CFAIV) for the fire alarm system and request to get a copy of the last smoke detector sensitivity testing.</p> <p>On 10/22/25 at 10:16 a.m., the MC informed the surveyor that the facility spoke to the CFAIV and the smoke detector sensitivity had not been done.</p> <p>At 12:50 p.m., the Administrator and MC were informed of the above fire alarm concerns during the exit conference.</p> <p>NFPA 72</p>	A1095		
A1179	8:36-17.1(a) Provision of Services (a) The facility shall provide and maintain a	A1179		

New Jersey Department of Health

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A1179	<p>Continued From page 18</p> <p>sanitary and safe environment for residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review on 10/21/25 and 10/22/25, in the presence of the facility's Maintenance Coordinator (MC), it was determined that the facility failed to conduct monthly load tests to ensure that the facilities emergency generator would start and transfer the electrical load of the generator to the building with-in 10 seconds.</p> <p>This deficient practice had the potential to affect 7 of 83 Residents who relied on <small>NJ Ex Order 26-418</small> [REDACTED].</p> <p>On 10/21/2025 at 10:37 a.m., during the survey entrance, a request was made to the Administrator (Admin) and MC to provide all mandatory inspections from 01/01/24 through to 10/20/25 and asked if the facility had an Emergency Generator.</p> <p>The MC told the surveyor, yes we have an emergency generator. The surveyor then asked the MC, "How often do you run the generator and transfer the load of the building onto the generator." The MC informed the surveyor that they run it once a week and run the generator under a load monthly. The surveyor then requested the document of the load test dates for review.</p>	A1179		

New Jersey Department of Health

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A1179	<p>Continued From page 19</p> <p>At 1:05 p.m., the surveyor reviewed the generator test provided by the facility and the surveyor identified the following: "Task Name: Emergency Power Generators: Visual inspection or exercise generator (with no load), performed routine checks, create entry in logbook, Last 24 months."</p> <p>There was no evidence that the generator was run under a load for 24 months.</p> <p>On 10/22/2025 at 10:16 a.m., the MC informed the surveyor that he could not provide evidence of the emergency generator run under a load monthly.</p> <p>The facility failed to ensure the emergency generator would start and supply electrical power, should the facility loose power from the electrical utility company which could affect Resident #s, 2, #3, #4, #8, #9, #10 and #11 who relied on [REDACTED].</p> <p>At 12:50 p.m., the Administrator and MC were informed of the above emergency generator concerns during the exit conference.</p> <p>Residents Safety.</p>	A1179		
A1307	<p>8:36-18.4(a)(1) Infection Prevention and Control Services</p> <p>(a) Each new employee upon employment shall receive a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions shall be employees with documented negative two-step Mantoux skin test results (zero to nine millimeters of induration) within the last year, employees with a</p>	A1307		

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A1307	<p>Continued From page 20</p> <p>documented positive Mantoux skin test result (10 or more millimeters of induration), employees who have received appropriate medical treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees shall be acted upon as follows:</p> <p>1. If the first step of the Mantoux tuberculin skin test result is less than 10 millimeters of induration, the second step of the two-step Mantoux test shall be administered one to three weeks later.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to provide documentation of pre-employment NJ Ex Order 26. 4B1 screening upon hire for 1 of 7 employee files reviewed. Employee #2 and failed to provide documentation of annual NJ Ex 4 screening for 1 of 7 employee files reviewed. Employee #5. This deficient practice was evidenced by the following:</p> <p>On 10/22/25 at 9:30 a.m. the surveyor reviewed the personnel files of 7 employees reviewed. The findings were as follows:</p> <p>1. The surveyor reviewed Employee #2's file, which had a NJ Ex Order 26. 4B1, and the title of</p>	A1307		
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New Jersey Department of Health

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A1307	<p>Continued From page 21</p> <p>Executive Director (ED), and observed that there was no documentation to reflect that pre-employment ^{NJ Ex O} screening completed upon hire.</p> <p>2. The surveyor reviewed Employee #5's file, which had a ^{NJ Ex Order 26. 4B1}, and the title of Dining Services Coordinator (DSC), and observed that there was no documentation to reflect that an annual ^{NJ Ex O} screening was completed</p> <p>On 10/22/25 at 2:15 p.m., the surveyor interviewed the ED and inquired about who was responsible for maintaining the employee personnel files. The ED stated that the business office manager was responsible for maintaining the personnel files, and she was doing the best she can to obtain the information as she was not here and may have documents available that may not have been uploaded. In the same interview, the ED explained that she had contacted corporate for her pre-employment ^{NJ Ex O} screening results upon hire, but she was unable to provide the requested documentation.</p> <p>At the time of the survey, the Business Office Manager was not available for interview.</p> <p>Surveyor Review of a facility job description dated October 2024, titled, "Executive Director-US,BC," revealed the following:...Quality Assurance and Regulatory Compliance...Ensure community is in compliance with Occupational Safety and Health Administration...Occupational Health and Safety Regulation. Provide leadership and promotion of facility Safety and Risk Management policies...Practice safety procedures at all times..."</p>	A1307		

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A1307	Continued From page 22 Surveyor review of a revised 6/2021, facility document titled, "TB Testing Guidelines for Residents and New Team Members," revealed the following:" ...If DOCUMENTED 2-step PPD within 30 days prior to move-in/hire - Negative - No action necessary [.] Ok to hire/move-in ... TB blood test (Quantiferon Gold or T-SPOT) within more than 30 days and less than 12 months prior to move-in/hire - Negative ... Risk evaluation and Symptom Screening by Healthcare provider (for residents) ...Quantiferon Gold or T-Spot blood test - Negative - Acceptable for move-in/hire? YES ..."	A1307		



Acceptable POC
Received 12/11/25

Plan of Correction – Survey of October 22, 2025

A – 000 Initial Comments

The facility acknowledges the findings cited in the Standard Survey dated October 22, 2025.

A -310 Administrator's Responsibilities

8:36-3.4(a)(1)

Element #1 – Residents #3 and #7 continue to reside in the community with no further **NJ Ex Order 26, 4B1**. Additionally, the storage of medications requiring refrigeration has been addressed.

Element #2 – All residents have the potential for harm.

Element #3 – ED (Executive Director) and RCD (Resident Care Director) reviewed the "Incident and Event Reporting" policy with all Team Members on 10/23/2025 and 10/29/2025. Reporting must be accurate and concise.

The refrigerator used for storing medications in the locked Medication Room was replaced on 10/23/2025.

Element #4 - RCD/Designee will confirm accuracy in RiskConnect during review process prior to ED closing the event. This will be accomplished by comparing the Incident and investigation notes to the nursing note. Review of the events entered in RiskConnect will be addressed monthly in QAPI for the next 3 months, and then quarterly thereafter

The lock on the medication refrigerator will be checked monthly by the RCD/Designee to ensure it is working properly.

Accepted 12/11/25

Completion Date: 10/31/2025



SHREWSBURY

A-517 Staffing Requirements

8:36-5.6(b)(1-7)

Element #1 – Employees #1, 2, 3, 4, 5 and 7 continue to be employed by Sunrise of Shrewsbury.

Element #2 – While no residents were harmed due to this deficiency, all residents had the potential for harm due to lack of training among certain Team Members.

Element #3 – Employees #1, 2, 3, 4, 5 and 7 have all completed the required new hire and annual trainings and documentation has been placed in their files. New hire orientation has been amended to include training on the 7 state required subjects upon hire and annually thereafter including:

1. Concepts of Assisted Living
2. Emergency Plans and Procedures
3. Infection Control
4. Resident Rights
5. Abuse and Neglect
6. Pain Management
7. Overview of Dementia Care in Assisted Living

Element #4 – All employee files will be reviewed by the BOC (Business Office Coordinator) and updated with full training listings to ensure compliance with state regulations. Documentation of the initial training for all newly hired employees will be maintained in the employee file, with subsequent annual training being maintained in The Learning Channel. The BOC (Business Office Coordinator) will run reports monthly to ensure that all staff have completed the monthly required trainings. Review of training compliance will be addressed monthly in QAPI for the next 3 months and then quarterly thereafter.

Completion Date: 12/30/2025

Accepted 12/11/25

Sunrise of Shrewsbury
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SHREWSBURY

A – 891 Dining Services

8:36-10.5(a)

Element #1 – All Team Members of the Dietary Dept. will be held to the Sanitation standards required by the State of NJ. Note: Monmouth County DOH completed their Sanitation Inspection on 10/21/2025 with no finding of unsatisfactory compliance.

Element #2 – All residents have the potential for harm.

Element #3 – All Dietary Team Members were in-serviced on 10/22/2025 in regards to proper hand hygiene, hair coverings, cleaning, sanitation, labeling and maintenance of food service areas and equipment. The ice cream freezer was defrosted and cleaned on 10/23/2025. The ice cream found uncovered and freezer-burned was disposed of on 10/22/25. The ice machine interior was cleaned thoroughly on 10/23/2025. The shelves in the server area were thoroughly cleaned on 10/23/2025. All opened and unlabeled food products were discarded on 10/22/2025. The cereal dispenser was emptied, cleaned and labeled after disposing of the mixed cereal on 10/23/2025. The syrup container was disposed of, along with the wine in an uncovered carafe on 10/22/2025. The juice machine was thoroughly cleaned on 10/22/2025. The contents of the small refrigerator were disposed of and the refrigerator was thoroughly cleaned on 10/22/2025. The reach-in refrigerator was inspected by the DSC (Dining Services Coordinator) and all unlabeled food was disposed of. Contents were also inspected for correct labeling. This was all completed on 10/22/2025. The kitchen line was thoroughly cleaned and organized to prevent any storage containers, etc from being placed on used plates or serving utensils. All used pots and pans were removed to the dishwashing area and the cooks were inserviced again regarding required cleaning and sanitizing protocols by the DSC on 10/22/2025. The small refrigerator was cleaned and all of the food in it was disposed of on 10/22/2025. The jelly found opened in the food service area was disposed of on 10/22/25. The portable warmer was thoroughly cleaned and all items inside were disposed of or if applicable, removed to their correct location in the kitchen on 10/23/2025. The area

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SHREWSBURY

beneath the line was thoroughly cleaned and fruit and cookies were disposed of on 10/22/2025.

The main refrigerator was cleaned and organized on 10/23/2025. All opened and unlabeled food was discarded. The small appliances in the back kitchen area were all cleaned and sanitized, and the prep area around them were also thoroughly cleaned. Any unlabeled and/or unrefrigerated food products were disposed of on 10/22/2025.

Four Team Members received Corrective Actions for their Employee Files due to non-compliance with hand washing requirements and hair covering requirements.

Element #4 – Ongoing review of sanitation will continue by oversight of the DSC (Dining Services Coordinator)/ Designee on a daily basis to ensure that sanitation is maintained in accordance with regulations and that food is labeled and maintained properly. Logs will continue to be monitored daily by DCS/ED/Designee to ensure accurate completion. Ice Cream freezer and ice machine are serviced monthly by an outside vendor but DSC will monitor both on a weekly basis to ensure no ice build-up or any food residue is present. Cleaning processes for the line will be reviewed and evaluated by the DSC and ED, especially regarding sanitation processes during the meal service by 11/15/2025.

Accepted 12/11/25

Completion Date: 11/15/2025

A 901 Dining Services

8:36-10.5(c)(4)

Element #1 – The Dietary department will ensure that menus with portion sizes are posted in the food prep area along with the production sheets with the portion sizes per Sunrise policy.

Element #2 – All residents have the potential for harm.

Sunrise of Shrewsbury

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Element #3 – Menus with portion sizes indicated are now used on the serving line, along with the Daily Production Form. This practice began on 10/24/2025. In addition, all service tickets printed through our Tableside Dining application also contain the serving sizes for each item ordered.

Element #4 – Menus will be checked for portion sizes during the daily review of logs and production sheets by the DSC/ED/Designee beginning on 10/24/2025.

Completed 11/30/2025

Accepted 12/11/25

A1095 Automatic Fire Detection System

8:36-16.5(b)

Element #1 – Per new Sunrise policy, smoke detector sensitivity testing on a semi-annual basis has been added to the PM (Preventative Maintenance) requirements.

Element #2 – All residents have the potential for harm.

Element #3 - Bi-annual sensitivity testing is now set up as part of the PM schedule and will be documented by our Fire Protection Vendor with paper copies given to the community. Initial testing will be completed in January 2026.

Element #4 - Completion of the smoke detector sensitivity testing will continue to be monitored for completion through the PM schedule per Sunrise policy. The TELS system produces reports monthly for all required tests and trainings for which the MC is responsible.

Accepted 12/11/25

Completion Date: 1/31/2026



SHREWSBURY

A1179 Provision of Services

8:36-17.1(a)

Element #1 – Monthly generator load tests will be conducted by the MC (Maintenance Coordinator) and documentation will be maintained by the MC in the MC office.

Element #2 – All residents who rely on Oxygen Concentrators could be affected.

Element #3 – Monthly generator load tests at 30% will be conducted per requirements.

Element #4 – Requirement for the monthly load tests will be added to the PM schedule and documentation will be maintained in the Generator Binder in the MC office. Compliance will be monitored through the TELS system reporting .

Completion Date: 1/31/2026

Accepted 12/11/25

A1307 Infection Prevention and Control Services

8:36-18.4(a)(1)

Element #1 – All newly hired employees must have evidence of a ^{NJ Ex Order 26, 4B1} test and all current residents must have proof of annual screening questionnaires maintained in their employee files.

Element #2 – All residents have potential for harm.

Element #3 – A copy of the initial ^{NJ Ex} test for Employee #2 was obtained from the lab which conducted the test and was placed in the employee file.


Employee #5 completed the annual ^{NJ Ex} screening questionnaire on 10/23/2025 and it was reviewed by the RCD and placed in the employee's file.

Sunrise of Shrewsbury

766 Broad Street | Shrewsbury, NJ, 07702 | main 732-383-2040

www.sunriseshrewsbury.com



Element #4 - New Hire Checklists will be used when setting up all new employee files prior to the start of employment. Files will be confirmed as complete by the BOC (Business Office Coordinator) prior to the start of employment. An audit of all existing employees will be conducted by the BOC/ED no later than 12/30/2025 to ensure compliance with the annual  screening questionnaire requirement. The BOC will maintain a tracking system monthly to ensure that all employees complete the questionnaire in a timely manner.

Accepted 12/11/25

Completion Date: 12/30/2025

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 13A020 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 12/11/2025 Y3
NAME OF FACILITY SUNRISE OF SHREWSBURY	STREET ADDRESS, CITY, STATE, ZIP CODE 766 BROAD STREET SHREWSBURY, NJ 07702	

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 <u>A0310</u>	Correction	ID Prefix <u>A0517</u>	Correction	ID Prefix <u>A0891</u>	Correction
Reg. # <u>8:36-3.4(a)(1)</u>	Completed	Reg. # <u>8:36-5.6(b)(1-7)</u>	Completed	Reg. # <u>8:36-10.5(a)</u>	Completed
LSC _____	<u>10/31/2025</u>	LSC _____	<u>12/30/2025</u>	LSC _____	<u>11/15/2025</u>
ID Prefix <u>A0901</u>	Correction	ID Prefix <u>A1095</u>	Correction	ID Prefix <u>A1179</u>	Correction
Reg. # <u>8:36-10.5(c)(4)</u>	Completed	Reg. # <u>8:36-16.5(b)</u>	Completed	Reg. # <u>8:36-17.1(a)</u>	Completed
LSC _____	<u>11/30/2025</u>	LSC _____	<u>01/31/2026</u>	LSC _____	<u>01/31/2026</u>
ID Prefix <u>A1307</u>	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # <u>8:36-18.4(a)(1)</u>	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____	<u>12/30/2025</u>	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 <u>10/22/2025</u>		<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		