New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20A014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED C 10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF SUMMIT	**26 RIVER ROAD SUMMIT, NJ 07901**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint NJ#182697 CENSUS: 84 SAMPLE SIZE: 3 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.	A 000		
A 935	8:36-11.4(b) Administration of medications (b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.	A 935		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 11/07/25

New Jersey Department of Health

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A 935	Continued From page 1	A 935		

This REQUIREMENT is not met as evidenced by:
NJ182697

Based on interviews, record review, and review of pertinent facility documents it was determined that the facility failed to administer medications in accordance with the physician's orders for 1 of 3 residents reviewed, Resident #1.

This deficient practice was evidenced by the following:

A review of the Move in Record reflected the resident had diagnoses which included but were not limited to NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1).

A review of a New Jersey Universal Transfer Form dated NJ Ex Order 26.4(b), reflected the resident was sent to the emergency room for NJ Ex Order 26.4(b)(1) due to NJ Ex Order 26.4(b)(1)) of the NJ Ex Order 26.4(b)(1) instead of NJ Ex Order 26.4(b) which was prescribed for one dose a day. In addition, the resident had complaints of NJ Ex Order 26.4(b) This document was signed by the Resident Care Director (RCD).

A review of the Order Summary Report (OSR) reflected a Physician's Order (PO) dated NJ Ex Order 26.4(b) and a start date of NJ Ex Order 26.4(b), for the NJ Ex Order 26.4(b)(1) by mouth three times a week, every other day for NJ Ex Order 26.4(b)(for three administrations until finished. Further review of the OSR reflected a "NJ Exec Order 26.4b1."

A review of the electronic Medication Administration Record (eMAR) reflected the

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A 935	Continued From page 2 above PO; however, all three doses were administered on NJ Ex Order 26.4(at 8 AM, 12 PM and 4 PM. A review of the Progress Notes dated NJ Ex Order 26.4(b) reflected "This order is outside of the recommended dose or frequency." In addition, a progress note dated NJ Ex Order 26.4(b), reflected "Resident noted with NJ Ex Order 26.4(... new orders to send resident to ER for evaluation." On 10/7/25 at 1:45 PM, the surveyor interviewed the Certified Medication Aide (CMA#1) who cared for Resident #1 on NJ Ex Order 26.4(. She stated that the Registered Nurses entered PO's into the electronic medical record which included the eMAR. In addition, CMA #1 stated the Registered Nurse entered the scheduled administration times for medications. She further stated that her view of the eMAR did not include the PO. CMA #1 also stated that she did not read or write progress notes. CMA #1 recalled she was spoken to about a "med error" for Resident #1. It was explained to her that the resident should have received NJ Ex Order doses but not all within the same day. She stated that the eMAR allowed her to administer two doses that day and "I just follow the eMAR." On 10/7/25 at 2;27 PM, the surveyor interviewed the RCD. She stated that either a Registered Nurse or a Licensed Practical Nurse can enter PO's into the electronic Medical Record (EMR), however CMA's cannot. The RCD stated when a PO was entered the information included the prescribing doctors name, the name of the medication, the dosage, the route of administration, the dosage frequency, the time frame, the indication for use, and special instructions such as "take with food." She stated that she discovered that the medication was	A 935		

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A 935	Continued From page 3	A 935		

Continued From page 3

scheduled on the eMAR for three doses in one day which was not consistent with the PO. She acknowledged there was a "medication transcription error."

A review of the facility provided investigation for the above dated NJ Ex Order 26.4(b and titled "Medication Error" concluded "Med Error committed."

A review of the "Medication Oversight Program" dated 4/2023, included "Medication Error Reporting." It further included a medication error is defined as "any" event in which the "rights" of medication administration are not followed: Right Resident; Right Drug; Right Dose; Right Time; Right Route; Right Documentation "includes transcription of medication orders."

A review of the "Wellness Nurse - RN" job description dated 11/23 included the following:
- Monitors each resident's medication profile regularly to ensure each medication is administered as ordered and documented accurately.
- Transcribes PO's.
- Demonstrates and is knowledgeable of the six "Rights of Medication Pass," (right resident, medications, dose, time, route, right to refuse).

POC# 3 Received 11/18/25
Acceptable

Plan of Correction

Name of Facility:	Sunrise Of Summit
Address of Facility:	26 River Rd, Summit NJ 07901
License number:	20A014
Inspection date(s):	10/7/2025
Name and Title of Legal Entity Representative Signing the Plan of Correction:	NJ Ex Order 26.4(b)(1)
Signature of Sunrise Representative:	NJ Ex Order 26.4(b)(1)
Date of Submission:	11/7/25

A935 8:36-11.4(b) Administration of Medications

Completion Date: November 7, 2025

1. **Resident #1 was sent to** NJ Exec Order 26.4b1 **for evaluation on** NJ Ex Order 26.4(b)(1) **Resident #1 received** NJ Ex Order 26.4(b)(1) **and** NJ Ex Order 26.4(b)(1) **and returned to the community within 24 hours with no new orders. Resident** NJ Exec Order 26.4b1 **activities with** NJ Ex Order 26.4(b)(1) **noted. Resident #1 no longer resides in the community. Resident moved out on** NJ Ex Order 26.4(b)(1)

2. **All residents residing in Sunrise of Summit have the potential to be affected by this deficient practice.**

3. **A documented in-service was held by Registered Nurse with all Licensed Practical Nurses, Certified Medication aides, and Registered Nurse on January 19, 2025 on a proper medication pass; including 5 rights of medications with emphasis on comparison of medication labels to the eMAR system on January 19, 2025. The RN was re-in serviced on proper transcription of medication orders into** NJ Exec Order 26.4b1 **eMAR system. Education was completed on January 19, 2025. On January 19, 2025 a documented performance counseling was completed with Registered Nurse who transcribed error. Licensed Practical Nurses were also responsible for transcription into eMAR, all of whom were educated on January 19, 2025. Medication technicians cannot transcribe orders. Written disciplinary action with the 2 medication technicians that administered the medication without comparing the label to the eMAR completed on January**

Poc #3 Received
11/18/25 Acceptable

18, 2025. Resident Care Director completed an audit of all new medications on January 18, 2025, no areas of error identified.

4. Resident Care Director will hold monthly meetings for six months with medication technicians and nurses starting on November 25, 2025 and continue monthly for three months. Meetings to include concerns and areas of improvement pertaining to medication program. Resident Care Director will continue to review the eMAR weekly to ensure any new orders are carried out to ensure compliance of resident's 'Resident Rights' and 'Medication Administration'. Weekly reviews of the EMAR starting on October 16, 2025 for twelve weeks. Plan of correction will be discussed and evaluated quarterly for two quarters by the Executive Director 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 violation does not occur again. QAPI meeting scheduled for January 15, 2026 by the Executive Director with the coordinators.

5. Completion Date: November 7, 2025

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
20A014 (Y1)	A. Building B. Wing (Y2)	11/18/2025 (Y3)

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF SUMMIT	26 RIVER ROAD SUMMIT, NJ 07901

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 A0935 Reg. # 8:36-11.4(b) LSC	Correction Completed 11/07/2025	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 10/7/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			