

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL25284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/17/2025
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NAME OF PROVIDER OR SUPPLIER SUNRISE OF FRANKLIN LAKES	STREET ADDRESS, CITY, STATE, ZIP CODE 728 FRANKLIN AVENUE FRANKLIN LAKES, NJ 07417
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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 Complaint #: NJ 00188026 Census: 92 Sample Size: 3 Survey Date: 10/17/2025</p> <p>The facility is not in substantial compliance with all of the standards in teh New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs based on this Complaint survey. 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		
A1179	<p>8:36-17.1(a) Provision of Services</p> <p>(a) The facility shall provide and maintain a sanitary and safe environment for residents.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ188026</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to respond to and</p>	A1179		

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

TITLE

(X6) DATE

11/07/25

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A1179	<p>Continued From page 1</p> <p>investigate a NJ Ex Order 26.4(b)(1), which resulted in NJ Ex Order 26.4(b)(1) of Resident # 1, who subsequently NJ Ex Order 26.4(b)(1), which also caused NJ Ex Order 26.4(b)(1) the resident's NJ Ex Order 26.4(b)(1).</p> <p>This deficient practice was identified as an imminent danger and was evidenced by the following:</p> <p>Review of the Facility Reportable Event (FRE) which was submitted to the New Jersey Department of Health (NJDOH) on NJ Ex Order 26.4(b)(1), revealed that on NJ Ex Order 26.4(b)(1) at 2:00 AM, a resident NJ Ex Order 26.4(b)(1). Upon NJ Ex Order 26.4(b)(1), the resident walked NJ Ex Order 26.4(b)(1) attempted to NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1). At approximately 5:30 AM, a NJ Ex Order 26.4(b)(1) notified the NJ Ex Order 26.4(b)(1) and the resident was NJ Ex Order 26.4(b)(1) the facility. NJ Ex Order 26.4(b)(1) have NJ Ex Order 26.4(b)(1) and is locked (requires a code) but staff failed to respond to the NJ Ex Order 26.4(b)(1). The vendor/IT department checked NJ Ex Order 26.4(b)(1) and codes and no issues were found. The vendor/IT department was unable to explain how the resident was able to NJ Ex Order 26.4(b)(1) which required NJ Ex Order 26.4(b)(1). The resident did NJ Ex Order 26.4(b)(1) to the NJ Ex Order 26.4(b)(1).</p> <p>On 10/17/25 at 10:55 AM, the surveyor interviewed the Executive Director (ED), who stated that Resident # 1 had no NJ Ex Order 26.4(b)(1) risk, no NJ Ex Order 26.4(b)(1) no prior NJ Ex Order 26.4(b)(1) attempts, was NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1) prior to the event and was NJ Ex Order 26.4(b)(1). The ED stated that on NJ Ex Order 26.4(b)(1) at 2:15 AM, the Maintenance Coordinator (MC) heard the NJ Ex Order 26.4(b)(1) from NJ Ex Order 26.4(b)(1) and failed to investigate what occurred and he then reset the NJ Ex Order 26.4(b)(1) to NJ Ex Order 26.4(b)(1). The ED stated that the other staff who NJ Ex Order 26.4(b)(1) that night also claimed that they did</p>	A1179		
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A1179	<p>Continued From page 2</p> <p>not see or hear the [redacted] either. The ED stated that after reviewing video footage, it was found that Resident # 1 [redacted] around 2:00 AM, walked [redacted] and [redacted]. The ED stated that at 5:30 AM, the [redacted] the resident, who was [redacted] and called the [redacted] who brought the resident [redacted] the facility. The ED stated that the resident had [redacted]. The ED stated that they were unsure how the resident was able to get the [redacted] and that there must have been an [redacted], which allowed the [redacted].</p> <p>On 10/17/25 at 11:20 AM, the surveyor interviewed Resident # 1, who was residing in the [redacted] unit. Resident # 1 was [redacted] the events that occurred on [redacted].</p> <p>The surveyor reviewed Resident # 1's medical records, which included, but were not limited to the following diagnoses of [redacted] and [redacted]. The resident's record reflected no [redacted] risk. Resident # 1's Service Plans revealed that the resident was [redacted] with [redacted] and [redacted] and at times had [redacted] yet was [redacted] of the [redacted].</p> <p>On 10/17/2025 at 11:40 AM, the surveyor interviewed the MC, who brought with him, a type-written statement of events which occurred on [redacted]. The MC stated that on [redacted], the MC was working in the evening from 6:30 PM until approximately, 2:15 AM on [redacted], when he exited elevator 1 and heard the [redacted]. The MC stated that he went to the [redacted], which [redacted] of</p>	A1179		
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A1179	<p>Continued From page 3</p> <p>the facility and input the code to turn off the [redacted] The MC stated that he looked [redacted] which showed the [redacted] and part of the [redacted] the facility, and he stated that he did not see anyone near [redacted] so he left the facility. The MC stated that he received a call from the ED later in the morning on [redacted] and was told that Resident # 1 [redacted] The MC and the ED reviewed the cameras which revealed that Resident # 1 did [redacted] at 2:00 AM on [redacted] The MC stated that he realized that he should have gone [redacted] and [redacted] the [redacted] where he would have [redacted] the resident. He stated that he did not investigate the situation like he should have. The MC stated that there should have been an alert that went to the staff's phones in regard to the [redacted] but was not sure what had occurred with the alert.</p> <p>On 10/17/25 at 12:00 PM, the surveyor interviewed the Medication Care Manager (MCM) who cared for Resident # 1 and who worked the night shift on [redacted] through [redacted]. The MCM stated that on [redacted] at 5:38 AM, she received a call that Resident # 1 was [redacted], and then was [redacted] the facility by [redacted]. The MCM stated that the resident appeared [redacted] when [redacted] the facility. The MCM stated that she [redacted] the resident during medication pass at 8:06 PM on [redacted]. The MCM stated that she did not know how the resident [redacted] on [redacted] and that she never heard [redacted], nor did she get an alert on her phone about the [redacted]. The ED provided the surveyor with a written statement completed by the MCM, which confirmed the above information.</p> <p>On 10/17/25 at 12:20 PM, the surveyor attempted</p>	A1179		
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A1179	<p>Continued From page 4</p> <p>to contact the Care Manager (CM), who cared for Resident # 1 and who worked the night shift on [redacted] through [redacted]. The surveyor was unable to get in contact with the CM but the ED provided the surveyor with a written statement completed by the CM for the events that occurred on [redacted]. The statement completed by the CM revealed that on [redacted] around 5:00 or 5:30 AM, [redacted] the building with [the resident], they said they [redacted] [the resident] [redacted]. The statement also revealed that the CM did not know how the resident [redacted] and that the CM did rounds at 11 PM on [redacted] and found that everyone was [redacted]. The statement also revealed that CM spent the night shift downstairs by the lobby and then did two different [redacted] changes at around 12:15 AM and 4:00 AM, and the CM still did not notice anyone coming out of their room at those times.</p> <p>On 10/17/25 at 12:25 PM, the surveyor, who was accompanied by the ED, observed the [redacted] which was closed and locked with a visible keypad for a code to be entered. There was a window which showed [redacted] and part of [redacted]. The surveyor and the ED exited the [redacted] and observed that there was [redacted], which led to a [redacted] and [redacted] surrounding the area. The ED showed the surveyor that the video footage showed the resident [redacted] and attempted to [redacted], where the resident [redacted].</p> <p>The surveyor reviewed the Elopement Management Plan, dated 9/2025, which revealed that the staff is to respond to a door alarm, by identifying which door had alarmed, and to step</p>	A1179		
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A1179	<p>Continued From page 5</p> <p>outside to look around.</p> <p>On 10/17/25 at 1:15 PM, the ED provided the surveyor with a written statement which was titled "Summary of action post [redacted] NJ Exec Order 26.4b1". The statement revealed that the resident's family provided a [redacted] NJ Exec Order 26.4b1 to provide additional [redacted] NJ Exec Order 26.4b1 of the resident until a long-term plan was implemented, and family agreed for a transfer to the [redacted] NJ Exec Order 26.4b1 unit. The statement also revealed that the staff was educated on [redacted] NJ Exec Order 26.4b1 and response to [redacted] NJ Exec Order 26.4b1, the team members who were involved in the incident received disciplinary action, the [redacted] NJ Exec Order 26.4b1 vendor replaced a component on the door and completed reinstallation of firmware.</p> <p>Review of facility documentation confirmed that the above actions were taken and documented.</p>	A1179		
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL25284	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/10/2025
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NAME OF FACILITY SUNRISE OF FRANKLIN LAKES	STREET ADDRESS, CITY, STATE, ZIP CODE 728 FRANKLIN AVENUE FRANKLIN LAKES, NJ 07417
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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 A1179	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-17.1(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	12/04/2025	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	
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
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REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
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FOLLOWUP TO SURVEY COMPLETED ON 10/17/2025	<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
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