

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80a008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/03/2025
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NAME OF PROVIDER OR SUPPLIER SUNRISE OF BASKING RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 404 KING GEORGE ROAD BASKING RIDGE, NJ 07920
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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 #: NJ00189353</p> <p>Census: 72</p> <p>Sample Size: 2</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

03/03/26

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#: NJ00189353</p> <p>Based on interview, and record review, it was determined that the facility failed to ensure and implement the policy on "Medication Administration/Assistance: Training & Skill Capability Evaluation" for 1 of 2 residents reviewed, Resident #1. This deficient practice was evidenced by the following:</p> <p>On 12/3/2025 at 9:50 a.m., during the entrance conference interview with the Executive Director (ED), the surveyor asked the ED if the facility had notified Resident #1's health care practitioner about the medication transcription error for NJ Exec Order 26.4b1 [redacted] dated NJ Exec Order 26.4b1. The ED stated that the Registered Nurse (RN) failed to verify the medication orders for NJ Exec Order 26.4b1 for Resident #1.</p> <p>On NJ Exec Order 26.4b1, 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 a "Date of Event" of NJ Exec Order 26.4b1 and a "Time of Event" of 12:00 p.m. The FRE revealed that Resident #1, received orders from NJ Exec Order 26.4b1 [redacted] by mouth twice daily morning and evening and to take an NJ Exec Order 26.4b1 if NJ Exec Order 26.4b1 was noted. On NJ Exec Order 26.4b1 resident was sent to NJ Exec Order 26.4b1</p>	A 310		
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A 310	<p>Continued From page 2</p> <p>(NJ Exec Order 26.4b1) with (NJ Exec Order 26.4b1) and was admitted with NJ Exec Order 26.4b1 Report showed that Resident #1 (NJ Exec Order 26.4b1) on (NJ Exec Order 26.4b1)</p> <p>At 12:30 p.m., the surveyor reviewed Resident #1's closed Medical Record (MR), which revealed a move in date of (NJ Exec Order 26.4b1) with diagnoses of NJ Exec Order 26.4b1</p> <p>The surveyor reviewed Resident #1's Medication Administration Record (MAR) which revealed an order on (NJ Exec Order 26.4b1) for NJ Exec Order 26.4b1 by mouth two times a day in the morning and evening and to take an (NJ Exec Order 26.4b1) dose if NJ Exec Order 26.4b1 was noted. The MR did not reveal an order for Resident #1's (NJ Exec Order 26.4b1)</p> <p>On 12/4/25 at 9:01 a.m., the surveyor received a return call from the RN. The surveyor interviewed the RN about the physician order that was transcribed for Resident #1 on (NJ Exec Order 26.4b1). The RN stated that she received the above order for Resident #1, towards the end of her shift. The RN confirmed that there were NJ Exec Order 26.4b1 for Resident #1. The surveyor asked the RN if Resident #1 had any (NJ Exec Order 26.4b1) obtained while on the new orders for (NJ Exec Order 26.4b1) the RN responded that Resident #1 kept a NJ Exec Order 26.4b1. The surveyor asked the RN if a (NJ Exec Order 26.4b1) was obtained from Resident #1. The RN explained that she did not obtain Resident #1's (NJ Exec Order 26.4b1)</p> <p>The surveyor inquired if the RN updated Resident #1's service plan (SP) for medication administration. The RN confirmed that Resident #1's SP was not updated. The RN stated, "I don't think so." The RN confirmed that she failed to call</p>	A 310		
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A 310	<p>Continued From page 3</p> <p>the physician to clarify the order for Resident #1. The RN confirmed that she did not complete the nursing assessment while Resident #1, received NJ Exec Order 26.4b1 from the facility.</p> <p>At 3:15 p.m., during the exit conference with the ED and the Resident Care Director (RCD), the surveyor was not provided with documentation of trainings for the nurses on medication administration.</p> <p>The surveyor reviewed the job description of the RN that revealed "Essential Duties: Medication Management ... Accurately and promptly transcribes physician orders MAR/TAR (Medication Administration Record/ Treatment Administration Record) to include initials, date and time 'noted' and date faxed to pharmacy ..."</p> <p>The surveyor reviewed an undated facility policy titled, "Medication Administration/Assistance: Training & Skill Capability Evaluation" ... which revealed that "... All licensed and authorized unlicensed team members who administer or assist with residents medications are monitored for compliance in safe and accurate medication processes and procedures ..."</p>	A 310		
A 401	<p>8:36-4.1(a)(22) Resident Rights</p> <p>(a) Each assisted living provider shall post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:</p>	A 401		

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A 401	<p>Continued From page 4</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#: NJ00189353</p> <p>Based on interview, and record review, it was determined that the facility failed to keep a resident safe after the Registered Nurse (RN) failed to contact the physician for clarification of a transcribed medication order for 1 of 2 residents reviewed, Resident #1. This deficient practice was evidenced by the following:</p> <p>On 12/3/2025 at 9:50 a.m., during the entrance conference interview with the Executive Director (ED) and the Resident Care Director (RCD), the surveyor asked the ED about the medication error that was reported to the NJDOH. The ED stated that it was not a medication error, it was a documentation error. The ED added that the facility does not conduct daily [redacted] on residents, because the facility is not a skilled facility. The ED confirmed that the Registered Nurse (RN), failed to call the physician for clarification of the order and frequency of [redacted] as indicated for Resident #1.</p> <p>On 11/25/25, 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 a "Date of Event" of [redacted] and a</p>	A 401		

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A 401	<p>Continued From page 5</p> <p>"Time of Event" of 12:00 p.m. The FRE revealed that Resident #1, received orders from [redacted] by mouth twice daily morning and evening and to take an [redacted] was noted. On [redacted] the resident was sent to the [redacted] with [redacted] and was admitted with NJ Exec Order 26.4b1. Report showed that Resident #1 [redacted] on [redacted]</p> <p>The surveyor asked the RCD who was responsible to verify physician orders. The RCD explained that she usually verified physician orders, but she was on [redacted] at the time the physician order was received. She further stated that since it was a RN who received the physician order, there was no need for verification. The RCD stated that the RN did not reach out to the physician to verify the orders, and there were no [redacted] obtained for Resident #1, since the RN did not verify the order. The RCD confirmed that the RN failed to verify the order for Resident #1, dated on [redacted]</p> <p>At 12:30 p.m., the surveyor reviewed Resident #1's closed Medical Record (MR), which revealed a move in date of [redacted] with diagnoses of NJ Exec Order 26.4b1 [redacted].</p> <p>The surveyor reviewed Resident #1's Medication Administration Record (MAR) which revealed an order for NJ Exec Order 26.4b1 by mouth two times a day in the morning and evening and to take an NJ Exec Order 26.4b1 [redacted] was noted. The surveyor did not review an order for [redacted]</p>	A 401		

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A 781	Continued From page 7	A 781		
A 781	<p>8:36-7.5(d) Provision of Health Care Services</p> <p>(d) The resident's physician or the physician's designee, that is, another physician or an advanced practice nurse or physician assistant, shall be notified by the licensed professional nurse of any significant changes in the resident's physical or cognitive/mental condition and any intervention by the physician shall be recorded.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00189353</p> <p>Based on interview, and record review, it was determined that the facility failed to notify the resident's health care practitioner, following resident's NJ Exec Order 26.4b1 and resident's NJ Exec Ord for 1 of 2 residents reviewed, Resident #1. This deficient practice was evidenced by the following:</p> <p>On 12/3/2025 at 9:50 a.m., during the entrance conference interview with the Executive Director (ED), the surveyor asked the ED if the facility notified Resident #1's health care practitioner about medication documentation error. The ED stated that the RN failed to verify the medication orders for Resident #1.</p> <p>On 11/25/25, the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) regarding a medication documentation error that occurred at the facility for Resident #1. The FRE revealed that Resident #1, received orders from NJ Exec Order 26.4b1 for</p>	A 781		

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A 781	<p>Continued From page 8</p> <p>NJ Exec Order 26.4b1 _____ by mouth twice daily morning and evening and to take an NJ Exec Order 26.4b1 _____ was noted.</p> <p>The surveyor asked the ED if Resident #1's health care practitioner was notified about the NJ Exec Order _____. The ED replied that Resident #1 did not NJ Exec Order _____ at the facility. The ED added that Resident #1 was at the hospital at the time of NJ Exec Order _____ and she did not think it was necessary to notify the physician.</p> <p>At 12:30 p.m., the surveyor reviewed Resident #1's closed Medical Record (MR), which revealed a move in date of NJ Exec Order 26.4b1 _____, with diagnoses of NJ Exec Order 26.4b1 _____.</p> <p>An order from NJ Exec Order 26.4b1 _____ by mouth twice daily morning and evening and to take an NJ Exec Order 26.4b1 _____ was noted.</p> <p>The surveyor reviewed Resident #1's Medication Administration Record (MAR) which revealed an order on NJ Exec Order 26.4b1 _____ for NJ Exec Order 26.4b1 _____ by mouth two times a day in the morning and evening and to take an NJ Exec Order 26.4b1 _____ was noted. The MR did not reveal an order for Resident #1's NJ Exec Order 26.4b1 _____.</p> <p>The surveyor reviewed Resident #1's Progress Notes (PN) written by the RCD dated NJ Exec Order 26.4b1 _____, revealed that Resident #1 was sent to the NJ Exec Order 26.4b1 _____ for notable signs with NJ Exec Order 26.4b1 _____.</p> <p>_____ The PN indicated that Resident #1's</p>	A 781		

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A 781	Continued From page 9 [redacted] was notified. The PN did not include documentation that Resident #1's health care practitioner was notified about [redacted]. The surveyor reviewed a facility policy titled, "Incident and Event Reporting" which indicated, "... 14. For resident events, the Resident Care Director (RCD)/ designee will: ... b. Ensure responsible party and health care practitioner are notified and notification is documented in the resident record ... c. Review resident progress notes and team member documentation..."	A 781		
A 999	8:36-11.7(e) Storage and Control of Medications (e) Discontinued or expired medications shall be destroyed within 30 days in the facility, or, if unopened and properly labeled, returned to the pharmacy for credit, if allowable, and in conformance with N.J.A.C. 13:39 and other State and Federal laws, codes, and regulations. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure that discontinued and expired medication was removed from the 2nd floor medication cart and disposed of accordingly for 1 of 2 residents reviewed, Resident #2. This deficient practice was evidenced by: On 12/3/25 at 10:20 a.m., during medication cart	A 999		

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A 999	<p>Continued From page 10</p> <p>inspection, on the 2nd floor, with a Certified Medication Aide (CMA), the surveyor observed a medication labeled NJ Exec Order 26.4b1 with an opened date of NJ Exec Order 26.4b1 for Resident #2.</p> <p>The surveyor interviewed the CMA and inquired about the expired medication in the medication cart. The CMA stated that she was not aware that the medication had expired. The CMA explained that she worked a part time schedule, and she was not in the facility daily. The CMA further stated that medication carts were inspected every week by the CMAs and the nurses.</p> <p>At 12:30 p.m., the surveyor reviewed Resident #2's Medical Record (MR), which revealed a move in date of NJ Exec Order 26.4b1 with diagnoses of NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed Resident #2's "Order Summary Report (OSR)", dated active orders as of NJ Exec Order 26.4b1, revealed an order for NJ Exec Order 26.4b1. The order indicated that Resident #2, should receive NJ Exec Order 26.4b1 in NJ Exec Order 26.4b1 a day.</p> <p>The surveyor reviewed the job description of the RN that revealed "Essential Duties: Medication Management ... Monitors the Medication Room ...and expired medications ..."</p> <p>The surveyor reviewed a facility policy 4/2023 "Medication Oversight Program v 3.0" which revealed "... D. Medication Storage ... All expired medications are disposed of immediately following proper disposal procedures..."</p>	A 999		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 80a008 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 3/5/2026 Y3
NAME OF FACILITY SUNRISE OF BASKING RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 404 KING GEORGE ROAD BASKING RIDGE, NJ 07920	

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 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 03/05/2026	ID Prefix A0401 Reg. # 8:36-4.1(a)(22) LSC	Correction Completed 03/05/2026	ID Prefix A0781 Reg. # 8:36-7.5(d) LSC	Correction Completed 03/05/2026
ID Prefix A0999 Reg. # 8:36-11.7(e) LSC	Correction Completed 03/05/2026	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
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	ID Prefix Reg. # LSC	Correction Completed

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 12/3/2025		<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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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0310	Correction	ID Prefix A0401	Correction	ID Prefix A0781	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(22)	Completed	Reg. # 8:36-7.5(d)	Completed
LSC	03/05/2026	LSC	03/05/2026	LSC	03/05/2026
ID Prefix A0999	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-11.7(e)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/05/2026	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 12/3/2025		<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		