

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 05/29/2025
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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 #: NJ 00186676, NJ 00186219</p> <p>CENSUS: 74</p> <p>SAMPLE SIZE: 3</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 271	<p>8:36-3.2(a)(1-3) Administration</p> <p>(a) The administrator of an assisted living residence or comprehensive personal care home shall:</p> <ol style="list-style-type: none"> 1. Be at least 21 years of age; 2. Possess a high school diploma or equivalent; and 3. Hold a current New Jersey license as a nursing home administrator or hold a current New Jersey certification as an assisted living administrator. 	A 271		

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

TITLE


(X6) DATE

08/06/25

New Jersey Department of Health

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A 271	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00186219, NJ00186676</p> <p>Based on interview and review of records, it was determined that the facility failed to ensure that the facility's appointed Administrator had a current Certified Assisted Living Administrator (CALA) certification, as required. This deficient practice was evidenced by the following:</p> <p>On 5/28/25 at 9:30 a.m., the surveyor interviewed the Executive Director (ED), who stated that he was the ED at the facility and had been there for the past  NJ Ex Order 26.4</p> <p>At 11:10 a.m., the surveyor provided the ED with a blank "New Jersey Department of Health and Senior Services FACILITY STAFF AND BASIC INFORMATION" sheet (BIS) to complete and return to the surveyor.</p> <p>At 12:32 p.m., the ED returned the completed BIS. Review of the BIS revealed that the ED listed his name as the "Administrator."</p> <p>On 5/29/25 at 2:30 p.m., the surveyor reviewed a facility document titled "Residency Agreement Sunrise of Basking Ridge" that included the signature of the ED that was listed on the BIS.</p> <p>Post survey the surveyor conducted the following:</p> <p>On 5/30/25, the surveyor requested a copy of the ED's CALA license via email.</p>	A 271		

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A 271	<p>Continued From page 2</p> <p>On 6/2/25 at 10:01 a.m., the surveyor interviewed the ED via telephone who stated that his CALA license NJ Exec Order 26, 4B. He also stated that the Reminiscence Care Coordinator (RCC) had a CALA license to cover the facility. In addition, the ED stated that he was the interim ED. He also stated the facility hired a new ED that was in the process of onboarding. In addition, at 10:53 a.m., the ED provided a copy of the newly hired ED's CALA license which had NJ Exec Order 26, 4B1.</p> <p>On 6/3/25, the surveyor reviewed the facility's Job Description of the RCC, dated October 2024. There was no specified mention that the RCC would be expected to assume the ED's job responsibilities nor a confirmation that the RCC was the assigned or designated the ED.</p> <p>In addition, the surveyor reviewed the facility's Job Description for the ED, dated November 2023, which stated, "...To perform this job successfully ...Administrator's License/certification may be required per state/provincial requirements"</p>	A 271		
A 763	<p>8:36-7.4(b) Resident Assessments and Care Plans</p> <p>(b) A registered professional nurse shall be responsible for developing nursing practice policies and procedures and the coordination of all health care services required in the resident's health service plan.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #NJ 00186676</p>	A 763		

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A 763	<p>Continued From page 3</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to coordinate health care services for 1 of 3 residents reviewed, Resident #3. This deficient practice was evidenced by the following:</p> <p>The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) (A form used by health care facilities to report events), dated [redacted] with a "Date of Event" of [redacted], and a "Time of Event" of 12:30 p.m. The FRE revealed that a facility resident, Resident #3, was sent out to the [redacted] NJ Exec Order 26, 4B1. Resident #3 reported to a facility Care Manager (CM) that [He/She] [redacted] NJ Exec Order 26, 4B1 from [redacted] medication pill box and expressed a [redacted] NJ Exec Order 26, 4B1. The resident was transported to an area [redacted] NJ Exec Order 26, 4B1.</p> <p>On 5/28/25 at 3:25 p.m. the surveyor requested documentation from the Resident Care Director/RN (RCD/RN) regarding any [redacted] NJ Exec Order 26, 4B1 services provided to Resident #3.</p> <p>On 5/29/25 at 8:50 a.m., the surveyor interviewed the RCD/RN who stated that Resident #3 had not been followed by any [redacted] NJ Exec Order 26, 4b1 providers. The RCD/RN was unable to provide the surveyor with documentation that Resident #3 was referred to a [redacted] NJ Exec Order 26, 4B1.</p> <p>At 11:16 a.m., the surveyor interviewed a facility CM #1 who stated that she noticed Resident #3 wasn't [redacted] NJ Exec Order 26.4b1 as frequently as he/she did in the past.</p> <p>At 1:10 p.m., the surveyor interviewed CM #2 via telephone, who stated that Resident #3 told her</p>	A 763		
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A 763	<p>Continued From page 4</p> <p>he/she took an NJ Exec Order 26, 4B1 from his/her NJ Exec Order 26, 4B1 in his/her room because he/she NJ Exec Order 26, 4B1. CM #2 stated that she had not noticed any NJ Exec Order 26, 4b1 in Resident #3's NJ Exec Order 26, 4b1.</p> <p>At 2:00 p.m., The surveyor reviewed the Medical Record (MR) of Resident #3, who NJ Exec Order 26, 4B1.</p> <p>The MR also revealed that Resident #3 was prescribed NJ Exec Order 26, 4B1.</p> <p>by Resident #3's primary care physician.</p> <p>There was no documented evidence that the RN coordinated care and communicated to the resident's primary physician for referral to a NJ Exec Order 26, 4B1 to manage his/her diagnoses of NJ Exec Order 26, 4B1 or monitor the effectiveness of the prescribed NJ Exec Order 26, 4B1 medications.</p>	A 763		
H 000	<p>Initials Comments</p> <p>TYPE OF SURVEY: Complaint</p> <p>COMPLAINT#: NJ00186219</p> <p>CENSUS: 74</p> <p>SAMPLE SIZE: 3</p> <p>The facility is not in substantial compliance with</p>	H 000		

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H 000	Continued From page 5 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.	H 000		
H2640	8:43E-10.6(a)(2)(i) Reporting Serious Preventable Adverse Events (a) A health care facility shall report to the Department or, in the case of a State psychiatric hospital, to the Department of Human Services, every serious preventable adverse event that occurs in the facility. 2. Adult and pediatric day health care services facilities and facilities that provide home-based services, that is, home health care facilities, hospice facilities, assisted living residences, comprehensive personal care homes, and assisted living programs, shall report only those serious preventable adverse events that are within the control of the facility or directly caused by, or related to, services of the facility. i. With respect to serious preventable adverse events related to health care services provided directly to residents of an assisted living	H2640		

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H2640	<p>Continued From page 6</p> <p>residence, comprehensive personal care home or assisted living program by another health care facility, the facility directly providing the service shall report the event to the Department.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00186219</p> <p>Based on interview and record review, it was determined that the facility failed to notify the Department of Health (DOH) of a [redacted] event that was within the control of the facility for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) (A form utilized by health care facilities to report events), dated [redacted] with a "Date of Event" of [redacted], and a "Time of Event" of 4:16 p.m. The FRE revealed that a facility resident, Resident #2, was sent out to the [redacted] due to an [redacted] NJ Exec Order 26, 4B1. Resident #2 was [redacted] on the [redacted] his/her apartment. Resident #2 [redacted] an [redacted] to his/her [redacted], [redacted] from his/her [redacted] and complained of [redacted] NJ Exec Order 26, 4B1. Resident #2 was transported to the [redacted] NJ Exec Order 26, 4B1, on [redacted].</p> <p>During the survey on 5/28/25 at 10:20 a.m., the surveyor interviewed a facility Care Manager (CM) who stated that on [redacted] Resident #2 was in the common area of the [redacted] unit and a [redacted] NJ Exec Order 26, 4B1 was visiting and took</p>	H2640		
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H2640	<p>Continued From page 7</p> <p>[Him/Her] to their room at approximately 11:00 a.m. The CM also stated that she went into Resident #2's room at approximately 12:00 p.m. and [NJ Exec Order] Resident #2 [NJ Exec Or] on the [NJ Exec Or] with [NJ Exec Order] on [His/Her] [NJ Exec Or]. The CM stated that she did not see a [NJ Exec Order] present in Resident #2's room when she [NJ Exec Order] [the resident] on the [NJ Exec Order].</p> <p>At 2:00 p.m., the surveyor reviewed the Medical Record (MR) of Resident #2, who moved into the facility in [NJ Exec Order 26.4b1] with diagnoses [NJ Exec Order 26, 4B1] [redacted]. The MR revealed that Resident #2 had a [NJ Exec Order 26] assessment dated [NJ Exec Order] with interventions that included [NJ Exec Order 26, 4] [redacted]. "Continued medical record review revealed that Resident #2 had a history of [NJ Exec Order] prior to admission to the facility.</p> <p>Further review of the MR revealed that on [NJ Exec Order] at 20:51:04, a facility Licensed Practice Nurse (LPN) placed a call to the [NJ Exec Order 26, 4] that Resident #2 was transported to, and was notified the resident was admitted to the [NJ Exec Order 26, 4] with a diagnosis of [NJ Exec Order 26, 4B1].</p> <p>On 5/29/25 at 10:45 a.m., the surveyor interviewed the Executive Director (ED) who stated that he called the complaint into the DOH on [NJ Exec Order 26] to report Resident #2's [NJ Exec Order]. He also confirmed that he did not report Resident #2's [NJ Exec Order] that resulted in resident's [NJ Exec Order 26, 4B1], [NJ Exec Order] days prior to his/her [NJ Exec Order]. The LPN communicated with the [NJ Exec Order 26, 4] staff later that evening on [NJ Exec Order], and was made aware of the resident's condition, diagnosis of a [NJ Exec Order 26, 4B1], and that the resident was being admitted. The LPN obtained information from the [NJ Exec Order 26, 4] staff that the resident sustained a [NJ Exec Order 26, 4B1] after the [NJ Exec Order].</p>	H2640		
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H2640	Continued From page 8 Surveyor's review of the facility policy titled "Incident and Event Reporting," dated 4/24/25, revealed, "Policy Statement: ...ensure that [facility] team members promptly and accurately report and document incidents...Procedure: ...6. Reportable events shall be reported to the appropriate state agency...in the identified timeframes per state/province regulations/laws...."	H2640		

POC# 3
acceptable
10/10/25

Plan of Correction – NJDOH Survey

Provider: Sunrise of Basking Ridge
Address: 404 King George Road, Basking Ridge, NJ 07920
Survey Date: 05/29/2025

Prefix Tag A271 – Administrator Licensure Compliance

Regulatory Reference: N.J.A.C. 8:36-3.2(a)

Deficient Practice Summary: The facility failed to ensure that the appointed Executive Director (ED) maintained a current Certified Assisted Living Administrator (CALA) license.

1. Corrective Action for Identified Issue:

The Executive Director's CALA license was extended by the New Jersey Department of Health for 120 days, effective June 13, 2025, and remains active during this provisional period. The facility has submitted all required documentation to remain in compliance during the extension period.

2. Identification of Other Residents at Risk:

While this issue did not result in direct resident harm, all residents have the potential of being affected by the same deficient practice. The facility conducted a full review of administrative personnel to confirm no other individuals are serving in regulated roles with lapsed licensure or certification; no other license was found to be outdated. Completed by Business Office Coordinator on 6/10/25

3. Systemic Measures to Prevent Recurrence:

The facility uses **NJ Exec Order 26.4b1** a credential tracking software, to monitor all professional license expiration dates. Alerts are generated in advance of expirations, and reports are reviewed regularly. This system ensures that any administrator, department head, or regulated staff member remains compliant before assuming or continuing in any role requiring licensure. Weekly reviews began on 6/10/25 by Business Office Coordinator and were completed 6/24/2025

4. Monitoring of Continued Compliance:

The Business Office Coordinator will be responsible for ensuring **NJ Exec Order 26.4b1** alerts are reviewed weekly and that any pending expirations are addressed proactively. Monthly audit results will be reviewed during QAPI meetings to ensure continued adherence to licensure requirements. Weekly reviews began on 6/10/25 by Business Office Coordinator and were completed 6/24/2025

Prefix Tag A763 – RN Oversight of Health Service Plan

Regulatory Reference: N.J.A.C. 8:36-7.4(b)

Deficient Practice Summary: The RN failed to coordinate care or refer Resident #3 for **NJ Exec Order 26, 4B1** to manage **NJ Exec O** diagnosis of **NJ Exec Order 26, 4B1** or monitor the effectiveness of the prescribed **NJ Exec Order 26, 4B1** medications.

1. Corrective Action for Identified Issue:

Resident #3 was referred to an external **NJ Exec Order 26, 4B1** and received an evaluation on **NJ Exec Order 26.4b1**. The resident's health service plan was updated accordingly

2. Identification of Other Residents at Risk:

All residents have the potential of being affected by the same deficient practice. Following the event the Resident Care Director (RCD) completed an audit of residents with behavioral or psychiatric diagnoses or those prescribed psychotropic medications to ensure coordination of care and appropriate referrals. This was completed on June 3, 2025. No additional gaps were found.

3. Systemic Measures to Prevent Recurrence:

The facility reviewed its Clinical alerts policy to ensure timely intervention and documentation when residents exhibit symptoms of psychological or emotional distress. Changes in condition trigger an interdisciplinary team review within 24 hours and all clinical staff have been trained accordingly. **Reviewed by: Resident Care Director on 6/10/25 Training completed on 6/11/25**

. All clinical staff received re-education on mental health protocols and documentation requirements. **This resident is no longer in the community. Date of re-education 6/11/25**

4. Monitoring of Continued Compliance:

The Resident Care Director will conduct monthly audits of care plans and behavioral health documentation. Any discrepancies will be reviewed and addressed during weekly clinical meetings and QAPI reviews to ensure continued effectiveness of the systemic changes.

Audits began 6/10/25 Discrepancies reviewed by Resident Care Director Completion Date: 6/11/25

Prefix Tag H2640 – Failure to Notify DOH of Serious Preventable Adverse Event

Regulatory Reference: N.J.A.C. 8:36-10.5(a)(2)(i)

Deficient Practice Summary: The facility did not report a serious preventable fall-related injury to the Department of Health within the required time frame.

1. Corrective Action for Identified Issue:

The Executive Director submitted a retroactive report to the Department of Health regarding the incident involving Resident #2. A root cause analysis was completed, and the event was reviewed with the full leadership and clinical teams. **This resident is no longer in the community.**

2. Identification of Other Residents at Risk:

All residents have the potential of being affected by the same deficient practice.

3. Systemic Measures to Prevent Recurrence:

The facility will ensure any potentially reportable events are reviewed immediately by the Executive Director and Resident Care Director. All reportable events will be called into the Department of Health within 24 hours of an event. All licensed staff have been re-trained on definitions of serious preventable adverse events and reporting timeframes. **Resident Care Director completed reeducation on 6/11/25**

A review of all serious incidents and emergency transfers from the last 90 days was conducted to confirm that all appropriate events were reported. No additional lapses were found. **Review conducted and completed on 6/10/25 by Executive Director and Resident Care Director**

4. Monitoring Continued Compliance:

The Executive Director will maintain and review a Serious Reportable Events Log on a weekly basis. This log will be evaluated during QAPI to ensure timely compliance with state reporting guidelines. **Weekly Reviews began 6/10/25 and was completed on 9/12/25**

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A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ 00186676, NJ 00186219</p> <p>CENSUS: 74</p> <p>SAMPLE SIZE: 3</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 271	<p>8:36-3.2(a)(1-3) Administration</p> <p>(a) The administrator of an assisted living residence or comprehensive personal care home shall:</p> <ol style="list-style-type: none"> 1. Be at least 21 years of age; 2. Possess a high school diploma or equivalent; and 3. Hold a current New Jersey license as a nursing home administrator or hold a current New Jersey certification as an assisted living administrator. 	A 271		

LABORATORY DIRECTOR: **NJ Exec Order 26, 4B1** SIGNATURE: *EVEE-DIR.* TITLE: _____ DATE: *8/6/25* (X6)

STATE FORM 6899 OW4111 If continuation sheet 1 of 9

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 80a008 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/10/2025 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 H2640	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43E-10.6(a)(2)(i)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/12/2025	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	

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 5/29/2025		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 80a008 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/10/2025 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 H2640	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:43E-10.6(a)(2)(i)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/12/2025	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	

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 5/29/2025		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 80a008 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/10/2025 Y3
NAME OF FACILITY SUNRISE OF BASKING RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 404 KING GEORGE ROAD BASKING RIDGE, NJ 07920	

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0271	Correction	ID Prefix A0763	Correction	ID Prefix	Correction
Reg. # 8:36-3.2(a)(1-3)	Completed	Reg. # 8:36-7.4(b)	Completed	Reg. #	Completed
LSC	06/24/2025	LSC	06/11/2025	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
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 5/29/2025		<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		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 80a008 Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/10/2025 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 A0271	Correction	ID Prefix A0763	Correction	ID Prefix	Correction
Reg. # 8:36-3.2(a)(1-3)	Completed	Reg. # 8:36-7.4(b)	Completed	Reg. #	Completed
LSC	06/24/2025	LSC	06/11/2025	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
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 5/29/2025		<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		