STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	07A030	A. BUILDING: _____ B. WING _____	C 05/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF LIVINGSTON	290 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039

(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 COMPLAINT #: NJ00170929 CENSUS: 90 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 310	8:36-3.4(a)(1) Administrator's Responsibilities (a) The administrator or designee shall be responsible for, but not limited to, the following: 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;	A 310		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	07A030	A. BUILDING: _____ B. WING _____	C 05/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF LIVINGSTON	290 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039

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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ 00170929

Based on interview and record review, it was determined that the Administrator failed to ensure the implementation and enforcement of the facility policy titled, "Missing Resident" for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:

On 2/2/24, the Department of Health (DOH) received a Facility Reportable Event (FRE), (a document used by facilities to report events to the DOH), regarding the NJ Exec Order 26.4b1 of Resident #2 on NJ Exec Order 26.4b. According to the FRE, Resident #2 was observed by a facility staff member on the surveillance camera NJ Exec Order 2 the NJ Exec Order 26.4b1 via the NJ Exec Order 26.4b1.

On 5/28/25 at 12:09 p.m., the surveyor conducted an investigation and reviewed Resident #2's closed medical record (MR), which indicated that the resident was admitted to the facility in NJ Exec Order 2 of NJ Exec Orde with diagnoses of NJ Exec Order 26.4b1 Continued surveyor review revealed that the resident was discharged from the facility on NJ Exec Order 26.4b1

Further surveyor review of Resident #2's closed MR revealed a Progress Note (PN), dated NJ Exec Order 26.4b at 7:44 p.m., written by a Registered Nurse (RN), which indicated, " ... [Resident #2] was witnessed by staff via camera NJ Exec Order 2 the NJ Exec Order 26.4b1 ... [Resident #2] was

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SUNRISE OF LIVINGSTON	290 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039

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A 310	Continued From page 2 examined and [NJ Exec Order 26.4b1] Additionally, the surveyor reviewed the assessments, located in the "Assessments" tab in Resident #2's MR, and did not observe an, "[NJ Exec Order 26.4b1] Risk Evaluation" (ERE) completed after the resident's [NJ Exec Order 26.4b1] from the [NJ Exec Order] on [NJ Exec Order 26.4b]. At 1:12 p.m., the surveyor interviewed the Resident Care Director (RCD) and inquired about the ERE that was completed for Resident #2 following his/her [NJ Exec Order 26.4b1] or [NJ Exec Order 26.4b1]. The RCD stated that she had to review Resident #2's MR and look for the ERE. At 1:24 p.m., the RCD confirmed with the surveyor that the ERE was not completed following Resident #2's [NJ Exec Order 26.4b1] on [NJ Exec Order 26.4b1] The surveyor reviewed a facility policy, titled, "Missing Resident" which indicated, " ... 8. Upon the residents' return to the community ... the Licenses Nurse shall: i. Perform a physical assessment and document. 1. For Communities using PCC: a. Complete an Elopement Risk Evaluation ..."	A 310		
A 401	8:36-4.1(a)(22) Resident Rights (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: 22. The right to live in safe and clean conditions	A 401		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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SUNRISE OF LIVINGSTON	290 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039

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A 401	Continued From page 3 in a facility that does not admit more residents than it can safely accommodate while providing services and care; This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00170929 Based on interview and record review, it was determined that the facility failed to ensure a safe environment when 1 of 3 residents reviewed, Resident #2, NJ Ex Order 26.4(b)(1) the NJ Exec Order 26.4b1 [redacted] This deficient practice was evidenced by the following: On 2/2/24, the Department of Health (DOH) received a Facility Reportable Event (FRE), (a document used by facilities to report events to the DOH), regarding the NJ Exec Order 26.4b1 of Resident #2 on NJ Exec Order 26.4b. According to the FRE, on NJ Exec Order 26.4b at approximately 6:31 p.m., Resident #2 was observed by a staff member on the NJ Exec Order 26.4b1 [redacted] and staff immediately responded to the NJ Exec Order 26.4b1 that activated as the resident NJ Exec Order from the NJ Exec Order 26.4b1. The FRE revealed that the resident was observed by a staff member NJ Exec Order 26 on the NJ Exec Order 26.4b by the NJ Exec Order 26.4b1 and the staff NJ Exec Order 26.4b the resident to the NJ Exec O at approximately 6:32 p.m. On 5/28/25 at 12:09 p.m., the surveyor reviewed Resident #2's closed medical record (MR), which indicated that the resident was admitted in NJ Exec Order 2 of NJ Exec Orde with a diagnosis of NJ Exec Order 26.4b1 [redacted] Continued surveyor	A 401		

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A 401	Continued From page 4 review of the MR revealed that the resident was discharged from the facility on [redacted]. Continued surveyor review of Resident #2's closed MR, the surveyor observed a Progress Note (PN), dated [redacted] at 7:44 p.m., written by a Registered Nurse (RN), which indicated, " ... [Resident #2] was witnessed by staff via camera [redacted] ... [Resident #2] was examined and [redacted]. On 5/28/25 at 12:52 p.m., the surveyor reviewed the investigation report regarding Resident #2's [redacted] on [redacted]. The investigation report indicated that the resident was observed in his/her room by a staff member approximately ten (10) minutes prior to the incident. The investigation report also indicated that a Care Manager (CM) heard the [redacted] and responded immediately. According to the investigative report, the CM, who responded to the [redacted] observed Resident #2 [redacted] the doors and [redacted] the resident [redacted] into the [redacted]. On 5/28/25 at 10:22 a.m., the surveyor interviewed the [redacted] Coordinator and inquired about Resident #2's [redacted] on [redacted]. The [redacted] Coordinator stated that she did not work that shift, however, the CMs who worked that night called her to inform her of the above incident. During continued surveyor interview, the [redacted] Coordinator stated that the investigation of the incident revealed that Resident #2 was [redacted] and went to the [redacted] which caused the [redacted]. The [redacted]	A 401		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 401	Continued From page 5 Coordinator stated that a CM heard the [NJ Exec Orde] and got to Resident #2 but the resident was [NJ Exec Order 26] [redacted] Additionally, the [NJ Exec Orde] Coordinator confirmed that the staff members were able to [NJ Exec Order 26.4] the resident [NJ Exec Or] to the [NJ Exec O] and to the resident's room. The facility failed to ensure a safe environment for Resident #2, who was NJ Exec Order 26.4b1 while residing at the facility.	A 401		

POC #3 received 7/22/25
Accepted 7/22/25

SUNRISE
SENIOR LIVING

LIVINGSTON

Sunrise Senior Living Plan of Correction

Name of Facility: Sunrise of Livingston
Address of Facility: 290 South Orange Avenue, Livingston NJ 07039
License number: 07A030
Inspection date(s): 5/28/2025
Name and Title of Legal Entity Representative Signing the Plan of Correction: NJ Exec Order 26.4b1 BSN, RN

Signature of Sunrise Representative: NJ Exec Order 26.4b1

Date of Submission: 7/11/2025

A310 - 8:36-3.4(a)(1) – Administrator's Responsibilities:

Target Completion Date: 07/25/2025

Resident # 2 NJ Exec Order 26.4b1

All residents in the facility have the potential to be affected.

Upon receiving the survey on 05/28/2025, Executive Director (ED) of Sunrise of Livingston reviewed the Elopement Management Program which included the Missing Resident Policy with all team members within the timeframe of 05/29/25 through 06/23/25. The Elopement Management Program was revised on 10/01/2024. The policy updates included: streamlined program; removed policy language; relocated missing resident drill and missing resident details to worksheets; refined definitions for elopement, missing resident, wandering. Added definition for exit-seeking, Elopement Program aligns with newly adopted International Council of Active Aging I (ICAA) Wellness Model. In addition, the ED conducted retraining for the Resident Care Director (RCD), Wellness Registered Nurse (WN) and Reminiscence Coordinator (RC) regarding the need for physical assessment, completion of the 'Elopement Risk Assessment' upon move-in, and immediate updating of resident's Health Service Plan (HSP), and completion of the Post Elopement Assessment on 5/29/25.

Elopement Drills are held monthly to review the Elopement Management Program. All Elopement related incidents will be reviewed by the ED to confirm compliance with Elopement Management Program policy. Retraining will occur monthly through in-servicing conducted by the ED and monitored monthly to verify the violations do not occur again.

NJ Exec Order 26.4b1

approved 7/22/25

A401 - 8:36-4.1(a)(22) - Resident Rights:

Target Completion Date: 07/25/2025.

Resident #2 NJ Exec Order 26.4b1

All residents in the facility have the potential to be affected.

Prior to the survey the ED and RC implemented a new daily assignment effective 11/21/2023 which included having one designated staff member to monitor the memory care exterior door for all shifts.

Upon receiving the survey on 5/28/2025, the Executive Director completed re-training on the 'Abuse, Neglect & Exploitation – Prevention, Reporting and Investigation Resident Rights' policy within the timeframe 5/29/25 through 6/23/25 to all community Team Members. On 7/10/2025 the Regional Director of Resident Care, RN, provided re-education to the ED and RCD on the policy titled 'Assessing and Evaluating Residents' which ensures that the facility could identify other residents with the potential to be affected by safety risk factors such as the following: History of exit seeking and/or elopement, Visual and/or auditory deficit, Ambulates independently/propels self in wheelchair or uses another assistive device(s) with ambulation, Former lifestyle/profession reflect wandering (i.e. watchman/security guard, worked 3rd shift, mailman, etc.), Combative/severely agitated, exhibits or expresses fear and/or anxiety, anger/fear of abandonment, Recent loss due to own illness and/or loss of a loved one, Packs personal belongings and states he/she is leaving, Repeated verbalizations of leaving the community and exit-seeking behavior, Recent environmental change (new room, new roommate, new move in to the community, new neighborhood, caregiver), and/or Unable to use call system.

This Plan of Correction is to ensure the compliance of residents 'Resident Rights, Abuse, Neglect and Exploitation', and 'Assessing and Evaluating Residents' will be discussed and evaluated quarterly for two quarters by the ED or designee and Coordinators at the Quality Assurance Performance Improvement (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 that the violations do not occur again. QAPI meeting is scheduled for 7/24/2025.

NJ Exec Order 26.4 approved 7/22/25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
07A030 Y1	A. Building B. Wing Y2	7/22/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF LIVINGSTON	290 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039

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 07/25/2025	ID Prefix A0401 Reg. # 8:36-4.1(a)(22) LSC	Correction Completed 07/25/2025	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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 5/28/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

EVENT ID: 1B4U12

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
07A030 Y1	A. Building B. Wing Y2	7/22/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF LIVINGSTON	290 SOUTH ORANGE AVENUE LIVINGSTON, NJ 07039

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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 5/28/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ **YES** ☐ **NO**			