STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL14003	A. BUILDING: _____ B. WING _____	C 05/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF MOUNTAIN LAKES	23 BLOOMFIELD AVENUE MOUNTAIN LAKES, NJ 07046

(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 #: NJ 00184085 CENSUS: 73 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) Administration (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

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 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint#: NJ00184085

Based on interview and record review, it was determined that the Executive Director (ED) failed to ensure the enforcement of the facility policies titled, "Abuse, Neglect & Exploitation - Prevention, Reporting and Investigation" and "RESIDENT RIGHTS AND PRINCIPLES OF SERVICE" "III PROCEDURE B. Preserving Dignity ...2. Residents Rights .... b. Freedom from abuse, neglect, exploitation ...." for 1 of 3 residents reviewed, Resident #2. The deficient practice was evidenced by the following:

The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) that included a "date of event" of NJ Exec Order 26. The report revealed that the resident (Resident #2) called NJ Exec to report an NJ Exec Order 26.4b1 by the staff in the facility. A NJ Exec Order 26.4b1 came in response to the NJ Exec call. After NJ Exec Order 26.4b1 interviewed the resident, the NJ Exec Order 26.4b1 to have the resident transported to the hospital.

On 4/10/25, at 9:27 a.m., the surveyor requested the investigation, summary, conclusion, and incident report from the ED regarding the FRE reported to the DOH on NJ Exec Order.

The surveyor reviewed the Electronic Medical Record (EMR) of Resident #2 which revealed a move in date of NJ Exec Orde and diagnoses, including but not limited to: NJ Exec Order 26.4b1 .

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SUNRISE OF MOUNTAIN LAKES	23 BLOOMFIELD AVENUE MOUNTAIN LAKES, NJ 07046

(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 310	Continued From page 2 At 11:35 a.m., during a telephone interview, the Care Manager (CM #2) stated that she and Care Manager (CM #1) went to the room of Resident #2 to help him/her NJ Exec Order 26.4b1 as he/she was NJ Exec Order 26.4b1. In the same interview, CM #2 also stated that Resident #2 seemed NJ Exec Order 26.4 and NJ Exec Order 26.4b1 and attempted to NJ Exec Order. CM #2 stated that she stepped away from Resident #2, and CM #1 completed NJ Exec Order 26.4b1 Resident #2. At 11:40 a.m., the surveyor reviewed the facility policy titled, "Abuse, Neglect and Exploitation-Prevention, Reporting and Investigation" dated 7/22/23, which states, "...Action Steps: 8. ...The ED/designee: ...b. Removes the individual alleged to be involved in the abuse, neglect or exploitation from the area ... i. Ensures that any team member involved in the abuse, neglect...is placed on administrative leave, pending the results of the investigation ...10. The ED/designee manages and directs the investigation of all abuse, neglect and or exploitation...." At 11:56 a.m., the surveyor interviewed the Reminiscence Coordinator (RC) who completed the submitted FRE and inquired regarding the investigation and incident reports. The RC confirmed that she did not investigate the incident, did not complete an incident report or obtain written statements from the staff involved in the NJ Exec Order 26.4b1 At 1:26 p.m., the surveyor interviewed the ED who also confirmed that she did not investigate the incident, get written statements from the staff involved in the NJ Exec Order 26.4b1 or make an internal incident report. The ED stated that the incident	A 310		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL14003	A. BUILDING: _____ B. WING _____	C 05/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF MOUNTAIN LAKES	23 BLOOMFIELD AVENUE MOUNTAIN LAKES, NJ 07046

(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 310	Continued From page 3	A 310		

was considered a "NJ Exec Order 26.4b1 incident, and all behavior incidents were documented in the resident's progress notes. Upon further interview, the ED stated that the staff involved in the incident were not NJ Exec Order 26.4b1 nor put on an NJ Exec Order 26.4b1. She stated that she did not feel the staff needed to be placed on an administrative leave pending the result of the investigation, as there was no evidence of NJ Exec Order 2 The ED also stated that she didn't feel the staff did anything wrong or that the incident required any additional investigation. The ED stated that she was aware of the facility policy titled, "Abuse, Neglect and Exploitation-Prevention, Reporting and Investigation."

At 2:48 p.m., the surveyor interviewed Care Manager (CM) #1 who administered care to Resident #2 on NJ Exec Order 26.4 at the time of the incident. CM #1 stated that CM #1 and CM #2 were changing Resident #2's NJ Exec Order 26.4b1 They stated that Resident #2 became NJ Exec Order 26.4b1 and attempted to NJ Ex CM #2, and that CM #2 stepped away from Resident #2, and CM #1 continued to NJ Exec Order 26 Resident #2's NJ Exec Order 26 without NJ Exec Order 26.4b CM #1 stated that Resident #2 was in bed when they left his/her room. CM #1 who was present at the time of the incident, resigned from the facility on NJ Exec Order . CM #2, whom Resident #2 did not want to render his/her care, was still currently NJ Exec Order 26.4b1 at the facility. Neither CM #1 nor CM #2 were placed on administrative leave pending the results of an investigation, per facility policy.

At 3:46 p.m., the surveyor conducted a second interview with CM #1 who stated that each CM had their own assignments but that sometimes they helped each other, depending on the resident's needs. CM #1 also stated that she had

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SUNRISE OF MOUNTAIN LAKES	23 BLOOMFIELD AVENUE MOUNTAIN LAKES, NJ 07046

(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 310	Continued From page 4 provided care to Resident #2 since the incident on [redacted NJ Exec Order 26.4b] The ED failed to implement and enforce the facility policy titled, "Abuse, Neglect and Exploitation-Prevention, Reporting and Investigation", dated 2/14/22, which states, " ...Action Steps: 8. The ED/designee: ...b. Removes the individual alleged to be involved in the abuse, neglect or exploitation from the area. i. Ensures that any team member ...is placed on administrative leave, pending the results of the investigation....10. The ED/designee manages and directs the investigation of all abuse, neglect and or exploitation...." The ED failed to provide a safe environment for the residents by failing to implement and enforce the facility's policy titled, "RESIDENT RIGHTS AND PRINCIPLES OF SERVICE" "III PROCEDURE B. Preserving Dignity ...2. Residents Rights .... b. Freedom from abuse, neglect, exploitation ...."	A 310		
A 401	8:36-4.1(a)(22) Resident Rights (a) Each assisted living provider will 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 in a facility that does not admit more residents than it can safely accommodate while providing services and care;	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 This REQUIREMENT is not met as evidenced by: Complaint#: NJ00184085 Based on interview and review of records, it was determined that the facility failed to ensure a safe environment for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following: The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) that included a "date of event" of [NJ Exec Order 26.4b1]. The report revealed that the resident (Resident #2) called [NJ Exec] to report an [NJ Exec Order 26.4b1] by the staff in the facility. A [NJ Exec Order 26.4b1] came in response to the [NJ Exec] call. After the [NJ Exec Order 26.4b1] interviewed the resident, the [NJ Exec Order] dispatched [NJ Exec] to have the resident transported to the hospital. On 4/10/25 at 11:30 a.m., the surveyor reviewed the facility policy titled, "RESIDENT RIGHTS AND PRINCIPLES OF SERVICE" which indicated, "...III. PROCEDURE B. Preserving Dignity ...2. Residents Rights .... b. Freedom from abuse, neglect, exploitation ...." The surveyor reviewed the Electronic Medical Record (EMR) of Resident #2 which revealed resident's move in date of [NJ Exec Orde], and diagnoses which included but not limited to: [NJ Exec Order 26.4b1] [redacted]. At 11:35 a.m., during a telephone interview with Care Manager (CM #2), she stated that she and Care Manager (CM #1) went to the room of Resident #2 to help him/her [NJ Exec Order 26.] into [NJ Exec] [NJ Exec Order 26.4b] as he/she was [NJ Exec Order 26.4b1] and	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 6 NJ Exec Order In the same interview, CM #2 stated that Resident #2 seemed NJ Exec Order 26.4 and confused and NJ Exec Order 26.4b1. CM #2 stated that NJ Exec stepped away from Resident #2, and CM #1 completed the care and NJ Exec Order 26.4b1 Resident #2. At 1:26 p.m., the surveyor interviewed the ED who confirmed that she did not investigate the incident, get written statements from the staff involved in the NJ Exec Order 26.4b1 and did not complete an internal incident report. The ED stated that the incident was considered a "NJ Exec Order 26.4b1 incident, and all NJ Exec Order 26.4b1 incidents are documented in the resident's progress notes. Upon further interview of the ED, she stated that staff involved in the incident were not NJ Exec Order 26.4b1 or put on an NJ Exec Order 26.4b1. She stated that she did not feel the staff needed to be placed or an administrative leave pending the results of an investigation as there was no evidence of NJ Exec Order 2 The ED also stated that she didn't feel the staff did anything wrong or that the incident required any additional investigation. At 3:46 p.m., the surveyor conducted a second interview with CM #2 who stated that each CM had their own assignments but sometimes that they help each other, depending on the resident's needs. CM #2 stated that she had already provided care to Resident #2, since the incident on NJ Exec Order 26.4 The ED failed to ensure residents were provided a safe environment with facility policy implemented, including the policy titled, "RESIDENT RIGHTS AND PRINCIPLES OF SERVICE" which indicated, "III. PROCEDURE B. Preserving Dignity ...2. Residents Rights. ... b. Freedom from abuse, neglect, exploitation ...." The ED did not ensure that residents were	A 401		

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A 401	Continued From page 7 provided safe environment and e On 4/15/25, during a telephone interview, the surveyor informed the ED to provide a Removal Plan (RP) to address the immediacy of the identified concerns mentioned above. The facility submitted Removal Plans (RPs) on the following dates:NJ Exec Order 26.4b1 [redacted] which were not accepted, until a revised RP was received on [redacted]. The RP included the following: copies of staff trainings with sign-off sheets regarding [redacted] and [redacted] electronic documentation, the updated service plan for Resident #2, and the report of the investigation, summary, conclusion and documentation that the staff involved were placed on administrative leave pending results of the investigation.	A 401		
A 735	8:36-7.2(e)(1-5) Resident Assessments and Care Plans (e) Based on the health care assessment, a written health service plan shall be developed. The health service plan shall include, but not be limited to, the following: 1. Orders for treatment or services, medications, and diet, if needed; 2. The resident's needs and preferences for himself or herself; 3. The specific goals of treatment or services, if appropriate; 4. The time intervals at which the resident's response to	A 735		

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 735	Continued From page 8 treatment will be reviewed; and 5. The measures to be used to assess the effects of treatment. This REQUIREMENT is not met as evidenced by: Complaint #NJ00184085 Based on interview and record review, it was determined that the facility failed to ensure that a Health Service Plan (HSP) was developed for a resident with NJ Exec Order 26.4b1 and NJ Exec Order 26.4b for 1 of 3 residents reviewed, Resident # 2. This deficient practice was evidenced by the following: The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) that included a "date of event" of NJ Exec Order 26.4b The report revealed that the resident (Resident #2) called NJ Exec to report an NJ Exec Order 26.4b1 of NJ Exec Or by the staff in the facility. A NJ Exec Order 26.4b1 came in response to the NJ Exec call. After the NJ Exec Order 26.4b1 interviewed the resident, the NJ Exec Order dispatched NJ Exec to have the resident transported to the hospital. On 4/10/24 at 12:29 p.m., the surveyor interviewed a visitor of Resident #2, she stated that she was the person who had coordinated the care for Resident #2's NJ Exec Order 26.4b1. The visitor stated that she received a telephone call from the Resident Care Director (RCD) to inform her that Resident #2 called the NJ Exec Order and said that he/she was NJ Exec Order 26.4b1. Upon further interview, the visitor stated that Resident #2 had a NJ Exec Order 26.4b1 history and was treated by a NJ Exec Order 26.4b1	A 735		

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A 735	Continued From page 9 At 1:15 p.m., the surveyor reviewed Resident #2's "General Service Plan Report (GSPR)" which revealed that on NJ Exec Order 26.4 the NJ Exec Orde of Resident #2 was NJ Exec Order 26.4b1 . The GSPR also revealed that Resident #2 had NJ Exec Order 26.4b1 or NJ Exec Order 26.4b1. Further review of the EMR revealed Resident #2's "Progress Notes New (PNN)" documented on NJ Exec Order 2 at 16:56 (4:56 p.m.), revealed that he/she was in NJ Exec Order 26.4b1 with NJ Exec Order 26.4b1 and to continue with current POC (plan of care) but NJ Exec Order 26.4b may be required. Upon further review of Resident #2's NN documented on NJ Exec Order 26. at 17:11 (5:11 p.m.) and NJ Exec Order 26.4 at 14:51 (2:51 p.m.), revealed that he/she had NJ Exec Order 26.4b1. The PNNs documented on NJ Exec Order 26. at 15:43 (3:43 p.m.) and NJ Exec Order 26. at 19:14 (7:14 p.m.), revealed that Resident #2 had NJ Exec Order 26.4b1 ." Continued review of the PNNs revealed that Resident #2 was transferred and admitted to an NJ Exec Order 26.4b1 from NJ Exec Order 26.4b1. Resident #2 returned to the facility on NJ Exec Order 26.4b1 The facility failed to implement and enforce the facility policy with revised date 8/18/18, titled, "Assessing and Evaluating Residents" indicated "Policy Statement [:] It is the policy of the community to assess/evaluate residents to determine care and needs, determine that the community can meet the resident's care and service needs and establish an individualized service plan...Action Steps 1. A Service and Health Assessment (SHEA) will be completed	A 735		

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A 735	Continued From page 10 ...d. upon a significant change in condition." At the time of survey, there was no documented evidence provided to confirm that a HSP was developed or updated as required quarterly and when the resident showed NJ Exec Order 26.4b1. On 4/15/25, during a telephone interview, the surveyor informed the ED to provide a Removal Plan (RP) to address and remove the immediacy of the identified concerns mentioned above. The facility submitted a RP to the NJDOH on the following dates: NJ Exec Order 26.4b1 which were not accepted, until a revised RP submitted on NJ Exec Order was accepted. The RP submitted included the following: copies of staff trainings with sign-off sheets regarding NJ Exec Order and NJ Exec Order 26.4 electronic documentation, the updated service plan for Resident #2, and the report of the investigation, summary, conclusion and documentation that the staff involved were placed on administrative leave pending results of the investigation.	A 735		

POC #5 received 7/2/25 @3:47p
Review 7/3/25
Acceptable

SUNRISE
SENIOR LIVING
MOUNTAIN LAKES

Sunrise Senior Living
Plan of Correction

Name of Facility: Sunrise of Mountain Lakes
Address of Facility: 23 Bloomfield Ave. Mountain Lakes, NJ 07046
License number: AL-14003
Inspection date(s): 4.10.2025
Name and Title of Legal Entity Representative Signing the Plan of Correction:
[redacted] **Executive Director**
Signature of Sunrise Representative:
Date of Submission: 7/2/25

NJ Exec Order 26.4b1

A 310- 8:36-3.4(a)(1) Administration
Completion Date: 4/30/2025.

- Resident # 2 was identified to be affected. Resident #2 still resides in the community. Community Executive Director, Business Office Coordinator, Reminiscence Coordinator and Resident Care Director (Registered Nurse) began immediate re-training on 4/15/25 with Certified Nurse Assistant, Home Health Aids, Certified Medication Assistants, License Practical Nurses and Registered Nurses. The following policies were reviewed: *"Abuse, Neglect and Exploitation-Prevention"*. Immediate re-training was concluded on 4/30/25.

- All residents have the ability to be affected by the deficient practice.

- The measures that are in place is community Executive Director, Business Office Coordinator, Resident Care Coordinator, Resident Care Director, (Registered Nurse), in-serviced and trained all team members to understand and adhere to the policy titled *"Abuse, Neglect and Exploitation – Prevention"* to ensure that the deficient practice would not re-occur.

- This Plan of Correction established to ensure that all team members fully understand and adhere to the policies titled *"Abuse, Neglect and Exploitation – Prevention"* will be discussed quarterly for two quarters and ongoing as necessary by the Executive Director or designee and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective.

SUNRISE
SENIOR LIVING
MOUNTAIN LAKES

A 0401 8:36-4.1(a)(22) Resident Rights
Completion Date: 4/30/2025.

- Resident #2 was identified and affected by this deficiency. Resident #2 still resides in the community. Executive Director, Business Office Coordinator, Reminiscence Coordinator and Resident Care Director (Registered Nurse) began immediate re-training on 4/15/25 with Care Coordinators, Certified Medication Assistants, License Practical Nurses and Registered Nurses. The following policies were reviewed: *"Resident Rights and Principles of Service"*. Immediate re-training was concluded on 4/30/2025.

- All residents have the ability to be affected by the deficient practice.

- The measures in place to ensure that the deficiency does not occur is community Executive Director or designee, Business Office Coordinator, Resident Care Director Resident Care Coordinator (Registered Nurse), reviewed *"Resident Rights and Principles of Service"* with all team members. Resident Care Director (Registered Nurse) and Resident Care Coordinator reviewed all care plans weekly at the Wednesday IDT meetings which started on 4/16/25, 4/23/25, 4/30/25, by the Executive Director or designee and Resident Care Coordinator.

  Training of team members began on 4/15/25 and concluded on 4/30/25 regarding residents' care plans and how the care plan will include any behavioral expressions and behaviors that need to be followed. Each resident care plan is displayed in Point Click Care so this information is readily available to all team members.

- The community Executive Director, Resident Care Coordinator, Resident Care Director, (Registered Nurse) will monitor that all team members are trained and adhere to *Resident Rights and Principles of Service* to ensure that the deficient practice is corrected and will not occur. This Plan of Correction established to ensure that all team members understand and adhere to Resident Rights and Principles of Service, will be discussed quarterly for two quarters and ongoing as necessary by the Executive Director or designee and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective.

SUNRISE
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MOUNTAIN LAKES

A 735 8:36-7.2(e) (1-5) Resident Assessments and Care Plans
Completion Date: 4/30/2025.

- Resident #2 was identified and affected by this deficiency. Resident #2 still resides in the community. Executive Director began training immediately on 4/15/25 about "*Resident Assessments and Care Plans*" with the Resident Care Coordinator, (Registered Nurse) and Resident Care Coordinator. Training completed on 4.30.2025.

- All residents have the ability to be affected by the deficient practice.

- The measures that are in place for potential residents that can be affected are the Resident Care Director, Registered Nurse and Resident Care Coordinator, reviewed care plans for accuracy. Appropriate updates were made to residents' care plan during the Wednesday weekly IDT meetings which started on 4/16/25, 4/23/25, 4/30/25, by the Resident Care Coordinator and Resident Care Director, (Registered Nurse).

- The Executive Director, Resident Care Coordinator, Resident Care Director, will monitor our corrective actions to ensure that the deficient practice is corrected and will not occur. Reviewing Resident Assessment and Care Plans will be discussed and reviewed quarterly for two quarters and ongoing as necessary by the Executive Director or designee and Coordinators at the Quality Management (QAPI) meeting to verify it is still effective.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL14003 Y1	A. Building B. Wing Y2	5/5/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF MOUNTAIN LAKES	23 BLOOMFIELD AVENUE MOUNTAIN LAKES, NJ 07046

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 07/07/2025	ID Prefix A0401 Reg. # 8:36-4.1(a)(22) LSC	Correction Completed 07/07/2025	ID Prefix A0735 Reg. # 8:36-7.2(e)(1-5) LSC	Correction Completed 07/07/2025
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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	
5/5/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

STATE FORM: REVISIT REPORT

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