New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	30a003	A. BUILDING: _____ B. WING _____	C 02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE ASSISTED LIVING AT WEST ESSEX	47 GREENBROOK ROAD FAIRFIELD, NJ 07004

(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 #: NJ00179730 CENSUS: 83 SAMPLE SIZE: 2 SURVEY DATE: 02/182025 - 02/20/2025 The facility is not in substantial compliance with all 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, 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.	A 000		
A 565	8:36-5.10(a)(3) General Requirements (a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately by telephone at (609) 633-9034 (609) 392-2020 if after business hours, followed within 72 hours by written confirmation, of the following: 3. Any suspected cases of resident abuse or exploitation which have been reported to the State Long-Term Care Ombudsman.	A 565		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 565	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review, interview, and facility policy review, the facility failed to ensure an NJ Ex Order [redacted] was reported to the State Survey Agency within the required timeframe for 1 (Resident #1) of 2 sampled residents reviewed for NJ Ex Order 26.4(b)(1) [redacted]. Findings included: A facility policy titled, "Incident and Event Reporting," revised 06/13/2022, revealed that the section titled "Definitions," included, "Incident: A report required by the applicable state licensing agency regarding an adverse or unusual incident involving a resident. - Purpose: To advise the appropriate authorities of incidents that occur in the community. The state then evaluates the information and determines whether further investigation by the state is warranted." The facility revealed, "Action Steps: 1. The Executive Director (ED)/designee will immediately notify the Division of Health Facility Survey and Field Operations by telephone at [Telephone Number] or [Telephone Number] (if reporting occurs after business hours). a. A written confirmation of the following within 72 hours:" "iii. All suspected cases of resident abuse or exploitation, which have been reported to the State Long-Term Care Ombudsman." An initial assessment document titled "NJ 3.0 SEHA-V 10" revealed the facility admitted Resident #1 on NJ Ex Order 26.4(b)(1) with a diagnosis of NJ Ex Order 26.4(b)(1).	A 565		

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A 565	Continued From page 2 A "Reportable Event Record/Report," dated [NJ Ex Order 26.4(b)(1)] revealed that on [NJ Ex Order 26.4(b)(1)] at 6:15 AM the resident was observed sleeping [NJ Ex Order 26] at 9:30 AM, Resident #1 was noted to have NJ Ex Order 26.4(b)(1) [redacted]. The report revealed a registered nurse (RN) was called to assess Resident #1 and [NJ Exec] was called. The report revealed Resident #1 was hospitalized. Further review revealed Resident #1 was diagnosed with NJ Ex Order 26.4(b)(1) [redacted] and [NJ Ex Order 26.4(b] [redacted]). The report indicated the event was a "significant event." The report revealed the significant event had not been called into the State Survey Agency. During an interview on 02/19/2025 at 11:23 AM, Lead Care Manager (LCM) #1 stated that she had worked at the facility on [NJ Ex Order 26.4(b)(1)] when Resident #1 was found to [NJ Ex Order 26.4(b)(1)] [redacted] LCM #1 stated that when she arrived at work, she checked on Resident #1 and the resident was NJ Ex Order 26.4(b)(1). LCM #1 stated she did not disturb the resident and came back at 9:30 AM to bring the resident their breakfast. LCM #1 stated she had [NJ Exec Order 26.4b1] interaction with Resident #1 and noticed [NJ Ex] [redacted]. LCM #1 stated that Resident #1 [NJ Ex Order 26.4(b)(1)] what had happened. LCM #1 stated that she reported it to a nurse. LCM #1 stated she had not seen Resident #1 involved in any incident that would have [NJ Ex Order 26.4(b)(1)] [redacted] During an interview on 02/20/2025 at 2:00 PM, the Executive Director stated she was unsure why the NJ Ex Order 26.4(b)(1) [redacted] by Resident #1 on [NJ Ex Order 26.4(b)(1)] was not called immediately to the state agency. She stated the facility's policy was to immediately report to the state agency and provide a written report within	A 565		

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A 565	Continued From page 3 72 hours.	A 565		

Sunrise Senior Living
Plan of Correction

Name of Facility: Sunrise Assisted Living at West Essex
Address of Facility: 47 Greenbrook Road, Fairfield, NJ 07004
License number: 30a003
Inspection date(s): 2/18/25, 2/19/25 &2/20/25
Name and Title of Legal Entity Representative Signing the Plan of Correction:
NJ Ex Order 26.4(b)(1) **Executive Direct** NJ Ex Order 26.4(b)(1)
Signature of Sunrise Representative:
Date of Submission: **4/16/25**

Regulation	Target Date by Which Correction will be completed	Plan of Correction
A 565 8:36-5.10(a)(3) General Requirements (a) The facility shall notify the Division of Health Facility Survey and Field Operations immediately by telephone at (609) 633-9034 (609) 392-2020 if after business hours, followed within 72 hours by written confirmation	4/16/25	Resident # Continues to reside in the community. All reportable events have the potential to be affected. Upon receiving the survey report on 04/02/2025, community Executive Director (ED) received retraining on 4/14/2205 on the reporting regulations; A 565 8:36-5.10(a)(3). ED/Designee will immediately notify the Division of Health Facility Survey and Field Operations by telephone with written confirmation following within 72 Hours by written confirmation of the event. ED will ensure training on the reporting regulations, 'A 565 8:36-5.10(a)(3)', with community reporting designee(s) in the community. ED or designee will ensure re-education is provided as necessary. This Plan of Correction to ensure the accuracy of notifying the Division of Health Facility Survey and Field Operations immediately following a 'reportable event' will be discussed and evaluated quarterly for two quarters by the ED or designee and Coordinators at the Quality Management (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 the violations does not occur again. QAPI meeting initiated on 4/16/2025 by the ED. .

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