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
	04A005	A. BUILDING: _____ B. WING _____	C 02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTLEY COMPREHENSIVE CARE LLC	7999 NORTH ROUTE 130 PENNSAUKEN, NJ 08110

(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 #: NJ00182894, NJ00179866, NJ00182802, & NJ00182918 CENSUS: 106 SAMPLE SIZE: 4 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 04/10/25

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A 310	Continued From page 1 This REQUIREMENT is not met as evidenced by: Complaint #: NJ00182918 Based on observation and and review of records, it was determined the Administrator failed to ensure the implementation and enforcement of the facility policy on General Service Plans (GSP), for 1 of 4 residents reviewed, Resident #3. On 1/28/24 at 1:52 p.m., the New Jersey Department of Health (NJDOH), received a Facility Reportable Event (FRE), (a form utilized to report incidents to the NJDOH), with a "Date of Event" of [NJ Exec Order 26.4b1], and a "Time of Event" of [NJ Exec Order 26.4b1]. The FRE indicated that Resident #3 was [NJ Exec Order 26.4b1] The FRE further revealed that 911 was called, [NJ Exec Order 26.4b1] 911 personnel, and Resident #3 was [NJ Exec Order 26.4b1]. The surveyor reviewed the facility investigative summary which revealed that Resident #3 [NJ Exec Order 26.4b1] On 2/19/25 at 11:25 a.m., the surveyor reviewed Resident #3's medical record (MR), which revealed an admission date of [redacted] and diagnoses of [NJ Exec Order 26.4b1] On 2/20/25 at 10:00 a.m., the surveyor interviewed the facility Director of Nursing (DON)	A 310		

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A 310	Continued From page 2 who stated that Resident #3 was on NJ Ex Order 26.4b1 [redacted] and all of his/her medications were administered by the facility nursing staff. The DON further stated that Resident #3 had a history of NJ Exec Order 26.4b1 " on admission, but that he/she NJ Exec Order 26.4b1 and, there were no symptoms observed by the staff to NJ Exec Order 2 [redacted] during Resident #3's time at the facility. On 2/20/25 at 12:30 p.m., the surveyor reviewed a "Service Plan" provided by the facility DON, which she identified as the GSP for Resident #3. The surveyor observed the GSP was dated NJ Exec Order 26.4 [redacted], for the "focus" areas of activities, NJ Exec [redacted]. The surveyor also observed a revision date of NJ Exec Order 26 [redacted], for the same focus areas, however there were no other revision or review dates observed. Further surveyor review of the MR progress notes (PN) revealed that Resident #3 expired in the hospital on NJ Exec Order 26.4b1 [redacted] At 1:00 p.m., the surveyor reviewed the Medication Administration Record (MAR) dated NJ Exec Order 26.4b1 which revealed that Resident #3 was prescribed and received [redacted] NJ Ex Order 26.4b1 which included: 1. NJ Exec Order 26.4b1 [redacted]). 2. NJ Exec Order 26.4b1 [redacted]. 3. NJ Exec Order 26.4b1 [redacted] 4. NJ Exec Order 26.4b1 [redacted]	A 310		

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A 310	Continued From page 3 NJ Exec Order 26.4b1 [redacted] The surveyor observed that diagnoses were documented at the bottom of page 1 and page 4 of Resident #3's GSP, which included: NJ Exec Order 26 [redacted] There was no documentation on the GSP observed by the surveyor to reflect Resident #3's individual needs or supportive interventions related to his/her NJ Exec Order 26.4b1 [redacted]. On 2/20/25 at 2:00 p.m., the surveyor reviewed a facility policy titled, "General Service Plan" which revealed the following: ... 1. A General Service Plan is completed ...prior to or upon move-in; at thirty (30) days; as changes in condition warrant ... 2. The Director of Nursing and the Wellness Director shall: ... Discuss the resident's social, spiritual, cognitive and physical well-being Ensure that the resident and/or family/ responsible party and appropriate staff members sign the move in; 30 days, quarterly; and changes in condition service plans. ... 3. Documentation in the resident's record shall indicate review and any necessary revision of the resident service plan. ...	A 310		
A 749	8:36-7.3(a) Resident Assessments and Care Plans (a) The resident general service plan shall be	A 749		

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A 749	Continued From page 4 reviewed and, if necessary, revised semi-annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00182918 Based on observation, interview and review of records, it was determined the facility failed to ensure that the General Service Plan (GSP), was reviewed and if necessary revised, at least semi-annually, to ensure that the GSP reflected the resident's individualized needs, for 1 of 4 residents reviewed, Resident #3. On 1/28/24 at 1:52 p.m., the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), (a form utilized to report incidents to the NJDOH), with a "Date of Event" of [redacted], and a "Time of Event" of [redacted] The FRE indicated that Resident #3 was NJ Exec Order 26.4b1 [redacted]. The FRE further revealed that 911 was called, NJ Exec Order 26.4b1 [redacted], was administered by 911 personnel, and Resident #3 was NJ Exec Order 26.4b1 [redacted]. The surveyor reviewed the facility investigative summary which revealed that Resident #3 NJ Exec Order 26.4b1 [redacted] On 2/19/25 at 11:25 a.m., the surveyor reviewed Resident #3's medical record (MR), which	A 749		

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A 749	Continued From page 5 revealed an admission date of [redacted], and diagnoses of [redacted]. On 2/20/25 at 10:00 a.m., the surveyor interviewed the facility DON who stated that Resident #3 was on [redacted], and all of his/her medications were administered by the facility nursing staff. The DON further stated that Resident #3 had a history of [redacted] on admission, but that he/she [redacted]; and, there were [redacted] observed by the staff to [redacted] during Resident #3's time at the facility. On 2/20/25 at 12:30 p.m., the surveyor reviewed a "Service Plan" provided by the facility Director of Nursing (DON), which she identified as the GSP for Resident #3. The surveyor observed the GSP was dated [redacted] for the "focus" areas of [redacted]. The surveyor also observed a revision date of [redacted], for the same focus areas, however there were no other revision or review dates observed. Further surveyor review of the MR progress notes (PN) revealed that Resident #3 [redacted]. At 1:00 p.m., the surveyor reviewed the Medication Administration Record (MAR) dated [redacted], which revealed that Resident #3 was prescribed and received [redacted] medications which included: 1. [redacted]). 2. [redacted],	A 749		

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A 749	Continued From page 6 NJ Exec Order 26.4b1 [redacted] 3. NJ Exec Order 26.4b1 [redacted] 4. NJ Exec Order 26.4b1 [redacted] The surveyor observed that diagnoses were documented at the bottom of page 1 and page 4 of Resident #3's GSP, which included: NJ Exec Order 26. [redacted] There was no documentation on the GSP observed by the surveyor to reflect Resident #3's individual needs or supportive interventions related to his/her NJ Exec Order 26.4b1 [redacted] history. On 2/20/25 at 2:45 p.m., the surveyor reviewed a facility policy titled, "General Service Plan" which revealed the following: ... 1. A General Service Plan is completed ...prior to or upon move-in; at thirty (30) days; as changes in condition warrant ... 2. The Director of Nursing and the Wellness Director shall: ... Discuss the resident's social, spiritual, cognitive and physical well-being Ensure that the resident and/or family/ responsible party and appropriate staff members sign the move in; 30 days, quarterly; and changes in condition service plans. ... 3. Documentation in the resident's record shall indicate review and any necessary revision of the resident service plan. ...	A 749		

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A1231	8:36-17.5(a)(1) Housekeeping-Sanitation-Safety-Maintenance (a) The heating and air conditioning system shall be adequate to maintain the required temperature in all areas used by residents. Residents may have individually controlled thermostats in residential units in order to maintain temperatures at their own comfort level. 1. During the heating season, the temperature in the facility shall be kept at a minimum of 72 degrees Fahrenheit (22 degrees Celsius) during the day ("day" means the time between sunrise and sunset) and 68 degrees Fahrenheit (20 degrees Celsius) at night, when residents are in the facility. This REQUIREMENT is not met as evidenced by: Complaint#: NJ00182894 & NJ00182802 Based on observation, interview, and review of facility documents, it was determined that the facility failed to ensure that the temperature in the facility was kept at a minimum of 72 degrees Fahrenheit (F). This deficient practice was evidenced by the following: On 1/24/25, the New Jersey Department of Health (NJDOH) received a complaint regarding no heat in a resident's room. On 1/28/25, the NJDOH received a Legislative Referral which included that the heat in a resident's room was not working properly. On 2/19/25 and 2/20/25, the survey team	A1231		

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A1231	Continued From page 8 conducted a survey at the facility which included an investigation of the facility's heating system. On 2/19/25 at 9:13 a.m. the surveyor interviewed the Building's Administrator (BA) and inquired about the administrator's position at the facility. The BA explained that he was the administrator for the entire building and the Assisted Living Program's Executive Director (ED) was not working at the facility that day and was not available for the survey. The BA completed the "Facility Staff and Basic Information" sheet, and both the BA and ED were listed for the "Administrator". At 10:01 a.m., the surveyor interviewed the BA and inquired about the heating in the facility. The BA stated that there was an issue with the heating system the last time it was "really cold". The BA stated that all Assisted Living Program (ALP) rooms had baseboard heat, however the resident rooms located on the second and third floors, which had balcony doors inside the rooms, required management to seal the doors to prevent drafts inside the rooms. At 10:29 a.m., the surveyor interviewed Resident #2 and inquired about the heating in his/her room. Resident #2 stated that the heat in the room was fine and was never an issue. At 10:34 a.m., the surveyor interviewed Resident #4 and inquired about the temperature in his/her room. Resident #4 stated that the room was cold. The surveyor observed that the storm window was open and the baseboard heater in the room was warm. Resident #4 closed the storm window and the surveyor observed that the room was warmer after the storm window was closed. The surveyor inquired if Resident #4 had reported the	A1231		

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A1231	Continued From page 9	A1231		

cold temperatures in the room and to whom. Resident #4 stated that he/she reported that the room was cold to the front desk and BA.

At 11:00 a.m., the surveyor reviewed Resident #4's medical record (MR) which indicated that Resident #4 moved into the facility in [redacted] with diagnoses that included [redacted]. The surveyor reviewed the Progress Note (PN) dated on [redacted] written by the BA. The PN revealed, "Went to check room temp. reading 73.8 degrees" An additional PN dated on [redacted] by the BA revealed, "It was reported to me that [Resident #4] stated [his/her] room was cold so the DON and myself went to inspect and [his/her] room read 74 degrees ... [His/Her] room [redacted] and items were around the floor registers so may have something to do with it blocking heat."

At 10:48 a.m., the surveyor interviewed Resident #1 and inquired about the temperature in his/her room. Resident #1 stated that the room felt "fine" to him/her and denied having complaints regarding the heating system.

At 11:52 a.m., the BA provided the surveyor with an undated and untimed "Room Temperature Report" (RTR) that was completed by the BA.

On 2/20/25 at 2:40 p.m., the surveyor interviewed the BA and inquired about the date in which the RTR was completed. The BA stated that the RTR was completed on [redacted] and then he documented the date [redacted] on the RTR to reflect the date that he completed it.

On 2/19/25 at 12:20 p.m., the surveyor reviewed the RTR which revealed that three resident rooms

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A1231	Continued From page 10 on the first floor, seven resident rooms on the second floor, and 10 resident rooms on the third floor had recorded temperatures below 72(F). Additionally, the RTR did not include interventions documented for the low temperatures recorded for those rooms. On 2/20/25 at 2:36 p.m., the surveyor interviewed the Director of Operations (DO) and reviewed the RTR with her. The DO acknowledged that the RTR was undated, there were temperatures below 72(F) documented on the RTR, and the RTR did not have interventions listed for the low temperatures that were documented. The surveyor reviewed the facility's undated policy and procedure titled, "HEATING AND AIR CONDITIONING" which indicated, "POLICY The heating and air conditioning system shall be adequate to maintain the required temperature in all areas used by residents. PROCEDURE ... 2. During the heating season, the temperature in the facility shall be kept at a minimum of 72 degrees Fahrenheit ..."	A1231		

POC#3 received 4/16/25
Accepted

Bentley Senior Living

NJ# 04A005

7999 Route 130 N

Pennsauken, New Jersey 08110

Complaint Survey Dated 02/20/2025

A 310- 8:36.4 Administration (a) 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; failure to ensure the implementation and enforcement of the facilities policy on General Service Plans (GSP).

1 Immediate Correction of Deficiency

DON was re-educated by our Contracted RN & Licensed Administrator regarding the facilities policy and procedure for general service plans. Completed 4/10/2025

2 Residents with the potential to be affected

All residents have the potential to be affected.

3 Measures put in place to ensure the deficient practice will not reoccur

DON will ensure this in-service is given to all nursing personnel engaged on the service planning for resident's needs. Completed 4/14-4/17 by DON. Once complete resident and DON/Designee will sign so resident and nursing will be on the same page on care needs of the resident.

4 How will the facility monitor that the deficient practice is being corrected and will not reoccur. (Including frequency of monitoring, person responsible, and a completion date)

DON/ designee will ensure that service plans are completed and updated by the 14th day of the admission and to stay in compliance with all policy and procedures as well as state regulations. DON/Designee will also audit all amended GSP/ Health service plans on a quarterly basis to ensure compliance to make sure both resident and community representative gave signed off on updates.

Completion Date: 04/28/2025 Approved 4/17/25 [redacted]

A 749 8:36-7.3(a) Resident Assessments and Care Plans- (a) The General Service Plan shall be reviewed and if necessary revised, at least semi- annually, and more frequently as needed based upon the resident's response to the care provided and any changes in the resident's physical or cognitive status.

1 **Immediate Correction of Deficiency**

The Director of Nursing (DON) was given an in-service (4/10/2025 by our Contracted RN & License Administrator on the need to ensure all resident assessments and care plans which include at minimum evaluation of the need for assistance with activities of daily living, cognitive patterns, communication/hearing patterns, vision patterns, physical functioning, and structural problems, continence, Psychosocial well-being, mood and behavior problems, activity pursuit patterns, disease diagnoses health conditions and preventative health, oral/nutrition status, oral/dental status, skin conditions, medication use, and outside service utilization.

2. What Residents have the potential to be affected

All residents have the potential to be affected.

3. What Measures were put in place to ensure the deficient practice will not occur

DON will ensure this in-service is given to all nursing personnel engaged in care planning for resident needs. Completed 4/14-4/17 by DON. DON/designee will use PCC Clinical dash board to stay on top of Service plans coming up for review to ensure timely completion or review.

4. How will the facility monitor that the deficient practice is being corrected and will not reoccur. (Including frequency of monitoring, person responsible, and a completion date

DON/designee will ensure that General Service plans are complete and updated by the 14th day of admission and to stay in compliance with all policy and procedures as well as state regulations. DON/Designee will also audit all amended GSP/ Health service plans on a quarterly basis to make sure both resident and community representative gave signed off on updates. The administrator will monitor PCC Clinical dash board to ensure that any outstanding GSP/ HSP plans will be updated every time there is a new admit and audit completion of care plans on an ongoing basis to ensure compliance.

Completion Date: 04/28/25 Approved 4/17/25 [redacted]

A1231 8:36- 17.5(a)(1) Housekeeping - Sanitation - Safety – Maintenance Facility failed to ensure that the temperature in the facility was kept at a minimum of 72 degrees Fahrenheit (F).

1 Immediate Correction of Deficiency

Administrator(s) were in-serviced by our Contracted RN & Licensed Administrator regarding the facilities policy and procedure on minimum temperatures in the facility.

2 Residents with the potential to be affected

All residents have the potential to be affected.

3 Measures in place to ensure the deficient practice will not re-occur

All staff were educated on the policy and procedures for minimum temperatures during the heating season. Completed 4/30 by ED. Staff will remind all residents to keep storm windows closed during cold weather to minimize effects of dropping temperatures, and windows and doors will be covered or sealed as needed in order to prevent low temperatures.

4 How will the facility monitor that the deficient practice is being corrected and will not reoccur. (Including frequency of monitoring, person responsible for monitoring, and a completion date)

Facility educator / designee, ED & DON will ensure that all employees are educated about minimum temperatures. Completed 4/30 town hall.

DOM / designee will utilize our TELS system to check random rooms weekly to monitor.

The administrator will monitor TELS system weekly to ensure checks are done.

Completion Date: 04/28/2025

Approved 4/17/25 [redacted]

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
04A005 Y1	A. Building B. Wing Y2	4/17/2025 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTLEY COMPREHENSIVE CARE LLC	7999 NORTH ROUTE 130 PENNSAUKEN, NJ 08110

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	Correction	ID Prefix A0749	Correction	ID Prefix A1231	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-7.3(a)	Completed	Reg. # 8:36-17.5(a)(1)	Completed
LSC	04/28/2025	LSC	04/28/2025	LSC	04/28/2025
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 ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
2/20/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO