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 04/05/2024

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 #: NJ00171962 CENSUS: 67 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

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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ00171962

Based on interview and review of the facility's policies and procedures it was determined that the facility failed to ensure that a comprehensive policy for admission of residents was developed according to state rgulations and implemented for 1 out of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:

On 3/8/2024 the surveyor reviewed the medical record (MR) of Resident #2 who moved in the facility on NJ ex order 26.4b1 with diagnoses NJ ex order 26.4b1 . According to Resident #2's MR, the resident was transferred to the NJ Ex Order 26.4(b)(1)) from an NJ Ex Order 26.4(b)(1).

During an interview at 1:30 p.m., the Director of Nursing (DON) stated that Resident #2 was seen by the Nurse Practitioner (NP) on NJ ex order 26.4b1 NJ ex order 26.4b1. At this time, the surveyor asked the DON for Resident #2's history and physical (H&P) and physician certification for review. The surveyor observed that the NJ ex order 26.4b1 , NJ ex order 26.4b1 Resident #2 NJ ex order 26.4b1

The surveyor reviewed the facility's policy titled, "ADMISSION AND RETENTION OF RESIDENTS" which revealed a statement,, "The physician may conduct the pre-admission physical within 60 days of admission."

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A 310	Continued From page 2 On 3/18/2024, post survey interview with the Executive Director (ED) via telephone, the surveyor inquired about the facility's policy on history and physical (H&P) "60 days prior to admission" when the State Licensing regulations required "30 days H&P prior to admission." The ED confirmed that the admission policy should reflect the state regulations and the residents H & P should be done "30 days prior to admission." On 4/5/2024, the surveyor conducted a revisit to verify that the Removal Plan was implemented. The surveyor reviewed the facility policy on admissions and noted that the policy was updated to reflect state regulation requirements.	A 310		
A 703	8:36-7.2(a) Resident Assessments and Care Plans (a) Within 30 days prior to admission to the assisted living residence, comprehensive personal care home, or assisted living program, a physician, advanced practice nurse or physician assistant shall specify in writing that the resident is appropriate for this level of care. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00171962 Based on interview and record review it was determined that the facility failed to provide documented evidence of medical certification within 30 days prior to admission to ensure residents' needs did not exceed those that could be met in an Assisted Living Program (ALP) for 1 of 3 residents, Resident #2. This deficient practice was evidenced by the following:	A 703		

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A 703	Continued From page 3 On 3/8/2024 the surveyor reviewed the medical record of Resident #2 who moved in the facility on NJ ex order 26.4b1, with diagnoses which included NJ Ex Order 26.4(b) and NJ Ex Order 26.4(b)(1). According to the medical records, the resident was transferred to the NJ Ex Order 26.4(b)(1)) from an NJ Ex Order 26.4(b)(1). During an interview at 1:30 p.m., the Director of Nursing (DON) stated that Resident #2 NJ ex order 26.4b1 , NJ ex order 26.4b1. At this time, the surveyor asked the DON for Resident #2's physician certification for review. The surveyor observed that the physician certification was dated NJ ex order 26.4b1 NJ ex order 26.4b1. Resident #2 NJ ex order 26.4b1 The surveyor interviewed the DON and the Nurse consultant both stated that the physician certification should have been completed for Resident #2, prior to his/her admission to the facility. On 4/5/2024, the surveyor conducted a revisit to verify that the Removal Plan was implemented. The surveyor observed recent admissions and noted the H & P was conducted 30 days prior to admission.	A 703		
A1001	8:36-11.7(f) Pharmaceutical Services (f) All medication destruction in the facility shall be witnessed and documented by two individuals, each of whom shall be either the administrator, the registered professional nurse, the licensed practical nurse, or the provider or consultant pharmacist.	A1001		

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A1001	Continued From page 4	A1001		

This REQUIREMENT is not met as evidenced by:
Complaint #: NJ00171962

Based on interview, review of medical records, and other facility documentation, it was determined that the facility failed to ensure that all medication destruction in their facility was witnessed and/or documented by two individuals for all residents with medications that cannot be returned to the dispensing pharmacy for 1 out of 3 residents reviewed, Resident #2, reviewed for medication administration. This deficient practice was evidenced by the following:

On 3/8/2024 the surveyor reviewed the medical record of Resident #2 who moved in the facility on NJ ex order 26.4b1 with diagnoses [redacted]
According to the medical records, the resident was transferred to the a NJ Ex Order 26.4(b)(1) [redacted]) from an NJ Ex Order 26.4(b)(1).

During an interview by the surveyor on 3/8/2024 at 11:45 a.m., the Director of Nursing (DON) stated that Resident #2 arrived to the facility with a "medication summary" and medications dispensed in a blister pack packaging.. The DON further stated that the medications could not be individually identified and was different from the medication summary. At this point, the surveyor asked the DON where the medications that Resident #2 had when he/she arrived to the facility. The DON responded that she destroyed the medications because the medications could not be sent back to the pharmacy for credit since it was a different pharmacy, so the dispensed medications were not from the pharmacy that the

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A1001	Continued From page 5 facility used. The surveyor asked for the destruction list; the DON responded that she did not keep a destruction list and that only one licensed person witnessed the destruction of Resident #2 medications. The DON confirmed that they do not have a medication disposition record for their regular medications and only for their narcotics. A review of the facility's policy on "Medication Policy" reflected, "Disposal of Medications... [facility] complies with all state Licensing and environmental regulations regarding the destruction and disposal of discontinued or expired medications." The facility failed to have two individuals witness destruction of Resident #2 medication and failed to keep a record of such destruction.	A1001		
A1507	8:36-23.3(b) Assisted Living Programs (b) Each assisted living program provider shall be capable of providing or arranging for the provision of assistance with personal care, and of nursing, pharmaceutical, dietary and social work services to meet the individual needs of each resident. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00171962 Based on interview and record review it was determined that the facility failed to make the necessary arrangements to ensure that pharmaceutical services was available for 1 of 3	A1507		

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A1507	Continued From page 6	A1507		

residents reviewed, Resident #2. This deficient practice was evidenced by the following:

On 3/8/2024 the surveyor reviewed the medical record of Resident #2 who moved in the facility on NJ ex order 26.4b1. the resident's diagnoses included NJ Ex Order 26.4(b) and NJ Ex Order 26.4(b)(1). According to the medical records the resident was transferred to the NJ Ex Order 26.4(b)(1) from an NJ Ex Order 26.4(b)(1).

During an interview on 3/8/2024 at 11:45 a.m., the Director of Nursing (DON) stated that Resident #2 arrived at the facility with a "medication summary" with medications dispensed in blister packs (a form of unit dose) packaging. The DON further stated that Resident #2 medications could not be individually identified and was different from the medication summary list, and therefore was not administered. The DON further stated that Resident #2 medications were not ordered prior to his/her arrival. Additionally, Resident #2 NJ ex order 26.4b1

According to the medication administration record (MAR), Resident #2 received medications on NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1) after he/she moved into the facility.

Later, during interview with the DON and the Nurse Consultant, both stated that they should have had Resident #2's NJ ex order 26.4b1 .

The facility failed to provide pharmaceutical services to meet the individual needs of Resident #2.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
04A005 Y1	A. Building B. Wing Y2	5/16/2024 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 A0703	Correction	ID Prefix A1001	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-7.2(a)	Completed	Reg. # 8:36-11.7(f)	Completed
LSC	03/11/2024	LSC	03/20/2024	LSC	04/23/2024
ID Prefix A1507	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-23.3(b)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	03/08/2024	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	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
4/5/2024	☐ YES ☐ NO