

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>04A005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/15/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMPREHENSIVE CARE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 NORTH ROUTE 130 PENNSAUKEN, NJ 08110</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00154638, NJ00154508, NJ00155541</p> <p>CENSUS: 53</p> <p>SAMPLE SIZE: 6</p> <p>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.</p>	A 000		
A1533	<p>8:36-23.7(a) Assisted Living Programs</p> <p>(a) The assisted living program shall maintain an annual listing of residents admitted and discharged, including the destination of residents who are discharged to a health care facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to maintain a register listing of all residents who were admitted</p>	A1533		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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A1533	<p>Continued From page 1</p> <p>to the facility and discharged from the facility including their destination upon discharge. This deficient practice was evidenced by the following:</p> <p>On 6/15/22 at 10:25 a.m., during the entrance conference with the Executive Director (ED), the surveyor requested the following facility documents:</p> <ul style="list-style-type: none"> <li>a. Census and list of residents</li> <li>b. Admission and Discharge Record for January 2022 through June 15, 2022</li> <li>c. List of employees and staff schedules</li> </ul> <p>On 6/15/22 at 11:45 a.m., following a tour of the facility, the ED, in the presence of the Director of Nursing (DON), informed the surveyor that the facility was under transfer to new management. The ED informed the surveyor that she had no access to the electronic records which began March 25, 2022 so she could not provide the above requested information to the survey team. Further, the ED explained that she was also unable to access the electronic system to retrieve the requested resident list of admissions and discharges for January 2022 through June 15, 2022.</p>	A1533		
A1603	<p>8:36-23.15(a) Assisted Living Programs</p> <p>(a) The assisted living program shall comply with N.J.A.C. 8:36-15.1 through 15.6.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review it was</p>	A1603		

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A1603	<p>Continued From page 2</p> <p>determined that the facility failed to comply with subchapter 15 as follows:</p> <ol style="list-style-type: none"> <li>1. The facility failed to retain and maintain availability of resident records during a Department (DOH) survey in accordance with N.J.A.C. 8:36-15.2, and 8:36-15.4 for 1 of 6 residents, Resident #2.</li> <li>2. The facility failed to ensure the maintenance of documentation of death in resident record in accordance with N.J.A.C. 8:36-15.6(a)(2) for 1 of 6 residents, Resident #2.</li> </ol> <p>This deficient practice was evidenced by the following:</p> <p>On 6/15/22 at 11:45 a.m., following tour of the facility the Executive Director (ED), in the presence of the Director of Nursing (DON), informed the surveyor that the facility was under transfer to new management and that she had no access to the electronic records since March 25, 2022. The surveyor then asked the ED if she had a list of residents that had expired from January 2022 to June 2022. The ED explained that she did not have a list of the expired residents but would try to recall the names. Further, the surveyor requested the medical record for Resident #2.</p> <p>On 6/15/22 at 12:30 p.m., the surveyor reviewed the closed medical record (MR) of Resident #2 who moved into the facility in January 2020 with diagnoses of <b>EX Order 26 § 4b1</b>, <b>EX Order 26 § 4b1</b> and <b>EX Order 26 § 4b1</b> use. Further review of the MR, the surveyor identified that there was no documentation or care notes post 3/8/21. However, the surveyor observed paper work from "<b>EX Order 26 § 4b1</b>" that Resident #2 had been scheduled for same day surgery on</p>	A1603		
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A1603	<p>Continued From page 3</p> <p>1/24/22 for a biopsy of the [REDACTED] and a [REDACTED]. There was no further documentation or care notes related to this procedure in Resident #2's closed MR. Also, the surveyor observed that there was no documentation concerning the date, time, or events surrounding Resident #2's [REDACTED]. In addition, there was no General Service Plan (GSP) observed in the MR related to the resident's medical needs and condition.</p> <p>On 6/15/22 at 1:45 p.m., the surveyor asked the ED to explain the events surrounding Resident #2's death. The ED stated that she was alerted by staff and that the usual documentation was had been completed. The ED further explained that she could not remember the details of the death since Resident #2 died approximately six months ago. In addition, the ED stated that all of the documentation and medical records related to Resident #2's death were in the electronic system and that she did not have access to provide documents for surveyor review.</p> <p>On 6/15/22 at 2:00 p.m., the surveyor interviewed the DON regarding Resident #2's nursing notes and GSP. The DON explained that all documentation, nurses' notes, and GSP's prior to March 2022 were in the inaccessible electronic system. Further the DON stated that he was only working at the facility for five months and was not familiar with Resident #2.</p> <p>On 6/15/22 at 2:55 p.m., the ED confirmed that the facility was in transition under a new company and that there was no access to Resident #2's MR for surveyor review of documentation on care, GSP, and details surrounding death for the year 2022, nor access to any other residents' MR residing at the facility prior to March 25, 2022.</p>	A1603		

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A1603	Continued From page 4  The facility failed to ensure and maintain availability of requested MR's for review during survey.	A1603		



To Whom This May Concern:

September 7, 2022

The following issues were addressed for June 15, 2022, survey:

1. Residents who were affected by this deficiency now have their records accessible in our EHS for further review.
2. The facility will ensure that all information pertaining to the other residents will be inputted into the EHS for accessibility and review when needed.
3. Measures that been implemented from the facility was to ensure the integration process of the from manual to electronic transferred seamlessly in addition, all chart information has been reviewed from the nursing team to ensure all information pertaining to the resident is correct so when accessing their profile, the information noted is accurate.
4. All residents information is now accessible through our electronic health system since June 30, 2022 and will continued to be reviewed by the team to make sure all admission and discharge information is up to date. Date of completion 7/30/22.

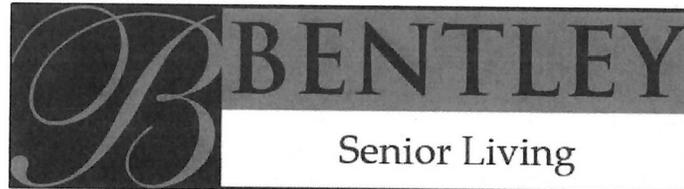
Deven Boland

Executive Director

Ivystone/Bentley Senior Living

856-488-5557

*accepted  
9/16/22  
vn*



To Whom This May Concern:

September 7, 2022

The following issues were addressed for June 16, 2022, survey:

1. The corrective plan for the resident found in this deficient practice is up to date with the pertinent information regarding the death.
2. The facility will review the charts of other residents who expired to ensure the proper documentation is noted.
3. Measures that will be put in place is for the facility to review and train the team on what needs to be documented in their charts when a resident expires.
4. Future reference the facility will ensure better documentation in the manual charts so the facility can comply in addition, to be reviewed by the DON to ensure proper notation has been inputted. Date of completion 7/30/2022

Deven Boland

Executive Director

Ivystone/Bentley Senior Living

856-488-5557

*for 6/15/22 summary*

*Accepted  
9/16/22*

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08/17/22