

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 04A005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/01/2022
NAME OF PROVIDER OR SUPPLIER BENTLEY COMPREHENSIVE CARE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint and FRE COMPLAINT #: NJ00158138, NJ00158073 CENSUS: 48 SAMPLE SIZE: 5 SURVEY DATE: 09/30/2022 - 10/01/2022</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, based on this Complaint Survey.</p> <p>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		
A1505	<p>8:36-23.3(a) Assisted Living Programs</p> <p>(a) Each assisted living program shall comply with the applicable provisions in N.J.A.C. 8:36-1 through 11, 13, 15 and 23.</p> <p>This REQUIREMENT is not met as evidenced by: COMPLAINT #'s: NJ00158138 and NJ00158073</p> <p>Based on observation, interview and review of facility documents, the Assisted Living Program failed to comply with this regulation due to</p>	A1505		

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

TITLE

(X6) DATE

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A1505	<p>Continued From page 1</p> <p>deficient practices under N.J.A.C.8:36-1 through 11, 13, 15 and 23, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs for the following regulations:</p> <p>1. N.J.A.C. 8:36-3.1(a) The Assisted Living Residence (ALR) the Assisted Living Program (ALP) have more than 60 licensed beds but shared one Administrator for both separately licensed facilities. This had the potential to affect all residents of the facility.</p> <p>2. N.J.A.C. 8:36-3.4(a)1: The Executive Director (ED) failed to ensure the implementation and enforcement of facility policies and procedures. Specifically:</p> <p>A. The ED failed to ensure implementation and enforcement of policies and procedures related to NJ Ex Order 26.4b1 investigations. The facility failed to suspend a dietary aide (DA) during the course of the investigation after receiving an allegation of NJ Ex Order 26.4b1. This affected one resident reviewed for the facility's implementation of their NJ Ex Order 26.4b1 policy and had the potential to affect the other 47 residents living in the facility; and</p> <p>B. The ED failed to ensure implementation and enforcement of policies and procedures related to security by failing to implement its Security Policy to ensure that the building be appropriately secured at all times, appropriately staffed at all times, and access to resident apartments will be limited to appropriate staff. The facility failed to ensure the main doors to the Assisted Living Program (ALP) were capable of locking after 9 p.m.. This</p>	A1505		

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A1505	<p>Continued From page 2</p> <p>had the potential to affect the safety of all residents in the facility.</p> <p>Findings include the following: 1. Reference: N.J.A.C. 8:36-3.1(a) An administrator shall be appointed and an alternate shall be designated in writing to act in the absence of the administrator. The administrator or a designated alternate shall be available at all times and shall be on-site at the facility on a full-time basis in facilities that have 60 or more licensed beds, and on a half-time basis in facilities that have fewer than 60 licensed beds, in accordance with the definition of "full-time" and "half-time" at N.J.A.C. 8:36-1.3.</p> <p>Based on interview and record review, it was determined that the facility failed to have an Administrator separate and apart from the adjoining Comprehensive Personal Care Home (CPCH) as required by regulation since each facility was licensed for greater than 60 residents. This deficient practice had the potential to affect all residents.</p> <p>A review of a "Daily Census" report dated 09/28/2022 revealed there were 86 licensed beds for the Comprehensive Personal Care Homes (CPCH) and 200 licensed beds for the Assisted Living Program (ALP).</p> <p>On 09/29/2022 at 3:55 PM, the surveyor interviewed the Executive Director (ED) of the CPCH. The Executive Director (ED) explained to the surveyor that when the ALP ED left, the position was never filled. The CPCH ED stated she was the ED over both the ALP and CPCH facilities.</p>	A1505		

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A1505	<p>Continued From page 3</p> <p>On 09/30/2022 at 3:57 PM, the CPCH ED asserted that the same person could be the ED over both the CPCH and ALP facilities, but noted she did not have any administrative policies or procedures to denote that the same person could be the ED over both the CPCH and ALP facilities.</p> <p>On 09/29/2022 at 5:51 PM, the Assistant Executive Director (AED) was interviewed. The AED stated since the CPCH and ALP facilities were under two separate licenses, there should be two designated EDs. The AED stated she obtained a Certified Assisted Living Administrator (CALA) certificate in NJ Ex Order 26.4b1 of NJ Ex Order. She identified a plan was previously formulated for her to become the ED of record for the ALP, but frequent turnover in management had occurred and the plan had not been implemented.</p> <p>At the time of this survey, the ALP facility did not have an ED but rather the ED of the CPCH was performing the responsibilities of ED for both the CPCH and ALP facilities.</p> <p>2. Reference: N.J.A.C. 8:36-3.4(a)1 (a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p> <p>Findings included:</p> <p>Based on observation, interview and record review, it was determined the facility failed to implement facility policy and procedures: to ensure implementation of the facility's NJ Ex Order 26.4b1 protocols and provide a secure environment through locked</p>	A1505		

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A1505	<p>Continued From page 4</p> <p>doors in accordance with facility policies and procedures. These deficient practices had the potential to affect all residents of the facility.</p> <p>A. Per an "Admission Record," the facility admitted Resident #1 on [REDACTED] with diagnoses that included [REDACTED], [REDACTED], and [REDACTED].</p> <p>On 09/30/2022 at 4:17 PM, the surveyor interviewed Resident #1 who was observed to be [REDACTED] and [REDACTED], and [REDACTED]. Resident #1 reported to the surveyor that just prior to an alleged [REDACTED] with a Dining Assistant (DA), she went to the dining room for dinner. Per Resident #1, as the resident began to [REDACTED], the DA [REDACTED] and [REDACTED]. Resident #1 reported that the DA [REDACTED].</p> <p>Resident #1 denied [REDACTED] from the alleged [REDACTED] and identified that no one else was in the dining room at the time. Resident #1 reported a family member took the resident to urgent care about a week later. During the interview, Resident #1 stated, "Today was the first day I had [REDACTED]." Resident #1 reported to the surveyor that he/she [REDACTED] and, instead, [REDACTED]. Resident #1 reported, "I just want to [REDACTED] and [REDACTED]." Resident #1 confirmed he/she [REDACTED] during the [REDACTED], but noted, "Had [the DA] [REDACTED], I would [REDACTED]." Resident #1 denied [REDACTED], but identified that he/she [REDACTED].</p>	A1505		

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A1505	<p>Continued From page 5</p> <p>NJ Ex Order 26.4b1, "noting NJ Ex Order 26.4b1 .".</p> <p>A review of "Reportable Event Record/Report" dated NJ Ex Order 26.4b1 revealed Resident #1 alleged that, on NJ Ex Order 26.4b1 at 5:30 PM, he/she had a NJ Ex Order 26.4b1 with a DA but reportedly NJ Ex Order 26.4b1 and reportedly NJ Ex Order 26.4b1. Per the report, the DA indicated that Resident #1 came NJ Ex Order 26.4b1 to the dining room NJ Ex Order 26.4b1, particularly when dietary staff were cleaning up after meals. The DA alleged that, on NJ Ex Order 26.4b1, Resident #1 arrived NJ Ex Order 26.4b1 to the dining room while staff were cleaning up and was asked to move to another section of the dining room so staff could continue cleaning up. Per the DA, Resident #1 became NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 and was NJ Ex Order 26.4b1 with the DA. The DA reported that other staff were notified and came to the dining room to help NJ Ex Order 26.4b1 Resident #1 and NJ Ex Order 26.4b1.</p> <p>A review of Resident #1's service plan revealed a focus area detailing that the resident had an episode of NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 with an employee. The focus area contained an initiation date of NJ Ex Order 26.4b1. Interventions associated with the focus area directed staff to NJ Ex Order 26.4b1 the resident to NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 and to NJ Ex Order 26.4b1 the resident to discuss any concerns directly with management. Per the interventions section, the resident agreed to see the facility's NJ Ex Order 26.4b1 for further assessment, evaluation, and treatment. There was no mention of an allegation of NJ Ex Order 26.4b1 in the service plan.</p> <p>On 09/30/2022 at 2:43 PM, the surveyor</p>	A1505		

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A1505	<p>Continued From page 6</p> <p>interviewed the Food Services Director (FSD). The FSD stated he was off the weekend that the DA and Resident #1 had an alleged NJ Ex Order 28.4b1. The FSD stated the DA was not suspended during the investigation, noting the DA was simply removed from the Assisted Living Program (ALP) dining room and asked to work in the Comprehensive Personal Care Home (CPCH) dining room to NJ Ex Order Resident #1.</p> <p>On 09/30/2022 at 3:24 PM, the surveyor interviewed the DA. The DA stated he was not suspended during the investigation, noting he was moved from the ALP dining room to the CPCH dining room so he would NJ Ex Order 28.4b1 Resident #1.</p> <p>On 09/30/2022 at 5:51 PM, the Assistant Executive Director (AED) was interviewed. The AED stated it was the policy of the facility to suspend an employee during an investigation of alleged NJ Ex Order 28.4b1. The AED stated the DA should have been suspended pending the investigation and not just moved to a different dining room. The AED stated, "When we drop the ball, we drop the ball."</p> <p>On 10/01/2022 during a phone call with the Executive Director (ED) at 11:32 AM, the ED stated the DA should have been suspended during the investigation "since that is our protocol." The ED also stated, "We dropped the ball with that."</p> <p>The undated facility policy titled, "Resident Abuse - Staff/Family" read in part, "7. If the abuse involves a member of the staff, they shall be terminated immediately. If abuse is suspected, employee shall be suspended, until the situation is clarified and thoroughly investigated."</p>	A1505		

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A1505	<p>Continued From page 7</p> <p>B. On 09/29/2022 at 12:36 AM, the surveyor entered the ALP facility. The front doors were unlocked, and the surveyor was able to walk directly into the facility without being stopped.</p> <p>On 09/29/2022 at 1:10 AM, a Licensed Practical Nurse (LPN) stated that, to the best of her knowledge, the front doors had never locked.</p> <p>On 09/29/2022 at 1:20 AM, the surveyor interviewed the Wellness Director (WD). The WD denied knowledge of "the details of the doors being unlocked."</p> <p>On 09/29/2022 at 4:25 PM, the surveyor interviewed the Owner's representative. The representative reported that the owner bought the facility in NJ Ex Order 26.4b1 at which time there was a management company. Per the representative, the management company did not work out and he had been directly involved with the facility since NJ Ex Order 26.4b1. He stated the parts to fix the locking mechanism on the front door were ordered in July of 2022. The representative stated the issue was not addressed prior to July of 2022 because there were so many issues to address at the facility. He also stated he was unaware of the contents of the facility's security policy. No alternative interventions were developed to ensure security while awaiting the arrival of the necessary parts to fix the broken door lock which were delayed in arriving due to supply chain issues.</p> <p>On 09/29/2022 at 5:07 PM, CPCH (Comprehensive Personal Care Home) Resident #2 was interviewed. Resident #2 stated the front doors to the facility had never locked. On 09/29/2022 at 5:25 PM, the surveyor interviewed</p>	A1505		

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A1505	Continued From page 8 CPCH Resident #1 who reported the front doors had never been locked. Resident #1 stated, "They keep saying [the front doors] are going to be fixed. NJ Ex Order 26.4b1 ." On 10/01/2022 at 11:00 AM, the surveyor interviewed the Executive Director (ED) over the phone. The ED stated in the NJ Ex Order 26.4b1 that she had been the ED, the front doors had never been locked. When interviewed about why she never addressed the front doors that did not lock but rather she stated the building was in receivership and there was no one to ask. No provisions were made to ensure the building was secure from non residents entering the facility in accordance with facility policy. The facility failed to implement its Security Policy to ensure that the building was appropriately secured at all times, appropriately staffed at all times, and access to resident apartments was limited to appropriate staff. A review of the facility's undated policy titled "Security" read in part, "3. All entrance shall be locked after 9 PM. 4. The doorbell shall be utilized for entry into the Residence after 9 PM."	A1505		
A1629	8:36-23.18(c) Assisted Living Programs (c) The assisted living program and each publicly subsidized housing unit in which it provides services shall develop written policies and procedures to assure substantial compliance with N.J.A.C. 8:36-14, 17 and 18.	A1629		

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A1629	<p>Continued From page 9</p> <p>This REQUIREMENT is not met as evidenced by: Repeat Deficiency</p> <p>Based on observation, interviews, and facility policy review, the facility failed to ensure the main doors to the Assisted Living Program (ALP) side of the facility were capable of locking in order to maintain a safe and hazard free environment in accordance with N.J.A.C. 8:36-17.7. The facility failed to implement its Security Policy to ensure that the building was appropriately secured at all times, appropriately staffed at all times, and access to resident apartments were limited to appropriate staff. This deficient practice had the potential to impact the safety of all residents of the facility.</p> <p>Findings included:</p> <p>Reference: N.J.A.C. 8:36-17.7 "The building and grounds shall be well maintained at all times...The building and grounds shall be kept free from fire hazards and other hazards to residents health and safety."</p> <p>1. On 09/29/2022 at 12:36 AM, the surveyor entered the ALP facility. The front doors were unlocked, and the surveyor was able to walk directly into the facility without being stopped.</p> <p>On 09/29/2022 at 1:10 AM, a Licensed Practical Nurse (LPN) stated that, to the best of her knowledge, the front doors had never locked.</p> <p>On 09/29/2022 at 1:20 AM, the Wellness Director (WD) was interviewed. The WD denied knowledge of "the details of the doors being unlocked."</p>	A1629		

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A1629	<p>Continued From page 10</p> <p>On 09/29/2022 at 4:25 PM, the Owner's representative was interviewed. The representative stated the owner bought the facility in NJ Ex Order 26.4b1 at which time there was a management company. Per the representative, the management company did not work out and he had been directly involved with the facility since NJ Ex Order 26.4b1. He stated the parts to fix the locking mechanism on the front door were ordered in July of 2022. The representative stated the issue was not addressed prior to July of 2022 because there were so many issues to address at the facility. He also stated he was unaware of the contents of the facility's security policy. No alternate provisions were implemented to secure the building while awaiting the parts to repair the broken door lock which were delayed due to supply chain issues.</p> <p>On 09/29/2022 at 5:07 PM, the surveyor interviewed Assisted Living (AL) Resident #2 who stated the front doors to the facility had never locked.</p> <p>On 09/29/2022 at 5:25 PM, the surveyor interviewed Resident #1 who stated the front doors had never been locked. Resident #1 stated, "They keep saying [the front doors] are going to be fixed. NJ Ex Order 26.4b1."</p> <p>On 10/01/2022 at 11:00 AM, the Executive Director (ED) was interviewed over the phone. The ED stated in the NJ Ex Order 26.4b1 that she had been the ED, the front doors had never been locked. When interviewed about why she never addressed the front doors that did not lock, she stated the building was in receivership and there was no one to ask.</p> <p>No provisions had been developed or</p>	A1629		

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A1629	Continued From page 11 implemented to secure the building after 9 p.m. while awaiting the parts to repair the front doors. A review of the facility's undated policy titled "Security" read in part, "3. All entrance shall be locked after 9 PM. 4. The doorbell shall be utilized for entry into the Residence after 9 PM."	A1629			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 04A005	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 11/15/2022
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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 A1505	Correction	ID Prefix A1629	Correction	ID Prefix	Correction
Reg. # 8:36-23.3(a)	Completed	Reg. # 8:36-23.18(c)	Completed	Reg. #	Completed
LSC	11/15/2022	LSC	11/15/2022	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	
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 10/1/2022

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

☐ YES ☐ NO