

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 07/11/2022
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	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ00156019 CENSUS: 52 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		
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. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00156019 Based on observation, interviews, and review of facility documentation, it was determined that the facility failed to implement their security policy and procedure in order to maintain a safe	A1629		

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

TITLE

(X6) DATE

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A1629	<p>Continued From page 1</p> <p>environment as required by N.J.A.C. 8:36-17.7 which requires that "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." The failure to maintain locked doors to the facility during the night affected all residents of the facility.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 7/11/2022 at 10:05 a.m., the surveyor took a tour of the facility with the Maintenance Director (MD) and inspected the front door of the facility. While with the MD, the surveyor inquired whether the lock on the front door functioned properly and was secured. The MD responded, "it does but we do not have the keys and that the security guard who works at night has the keys."</p> <p>At 10:30 a.m., the surveyor interviewed the Executive Director (ED) who stated that she was aware that the front door did not lock. The ED also stated that there was no security guard and that the facility was in the process of hiring a security guard. The ED further stated that there was a quote for the door to have a different type of locking mechanism installed. At this time the surveyor requested a copy of the quote.</p> <p>At 11:00 a.m. the ED provided paperwork from the door repair company. Upon surveyor review, the surveyor identified that the document was for service of a door motor and not for a new locking mechanism.</p> <p>At 11:15 a.m., the surveyor reviewed the policy titled, "Security," which revealed, " ...the door will be locked after 9:00 p.m. every evening, ... the building is appropriately secured</p>	A1629		

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A1629	Continued From page 2 at all times." The facility failed to implement its security policy by failing to ensure that the doors locked securely in order to safeguard the residents within the facility.	A1629			

Bentley ALP
NJ#04A005
7999 North Route 130
Pennsauken, New Jersey 08110

Complaint(s) of Survey visit dated: 07/11/2022.

The plan of correction is the facility's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute an admission or agreement by the providers of the truth or the fact alleged, or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and or/ executed solely because it is required by the provision of the New Jersey State Department of Health.

ID Tag A1629: NJAC 8:36-23.18(c)

1. Immediate

The corrective action was accomplished as the Administrator hired three security guards to monitor both main entrances of the facility.

2. Identifications of Others

The Administrator/Designee will continue to schedule the security guards from 8pm-8am until the Bentley ALP doors are repaired and secured. The Administrator/Designee will provide the security staff with a daily log binder to document and/or report any safety risks. All residents have the ability to be affected.

3. Systemic Changes

The Security Guards will document any unsafe activities in the security binder. The security guards will also perform hourly rounds by checking both entrances to assure the safety of all residents.

4. Quality Assurance

The Administrator/Designee will review the security binder weekly to make sure all activity is being documented and all procedures are being followed accordingly. A quarterly review will be conducted by the Administrator/Designee to maintain safety compliance within the NJDHSS Assisted Living Regulations.

This will be reviewed at the quarterly QA meeting in September and ongoing.

Since the initial complaint the Bentley ALP door has been repaired and is now able to be locked prohibiting resident or guests from entering the building after business hours.

Completed: 11/30/2022.
