

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>09/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMPREHENSIVE CARE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 NORTH ROUTE 130</b> <b>PENNSAUKEN, NJ 08110</b>		
(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 # NJ00175203  CENSUS: 78  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 735	8:36-7.2(e)(1-5) Resident Assessments and Care Plans  (e) Based on the health care assessment, a written health service plan shall be developed. The health service plan shall include, but not be limited to, the following:  1. Orders for treatment or services, medications, and diet, if needed;  2. The resident's needs and preferences for himself or herself;  3. The specific goals of treatment or services, if appropriate;	A 735		

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

TITLE

(X6) DATE

09/17/24

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>09/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMPREHENSIVE CARE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 NORTH ROUTE 130</b> <b>PENNSAUKEN, NJ 08110</b>		
(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 735	<p>Continued From page 1</p> <p>4. The time intervals at which the resident's response to treatment will be reviewed; and</p> <p>5. The measures to be used to assess the effects of treatment.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint#: NJ00175203</p> <p>Based on interview and review of medical records, it was determined that the facility failed to ensure that a Health Service Plan (HSP) was developed that reflected the resident's individual needs and behaviors associated with a [NJ Exec Order 26.4b1], for 1 of 2 residents reviewed, Resident #1, for which an Imminent Danger was identified. The deficient practice was evidenced by the following:</p> <p>The surveyor review of a Facility's Reportable Event (FRE), (a document used by healthcare facilities to report incidents to the New Jersey Department of Health) (NJDOH), that had a "date of event" of [NJ ex order 26.4b1], and a "time of event" of 9:00 a.m., revealed the following:</p> <p>On 6/21/24 at approximately 9:25 a.m., Resident #1 and Resident #2 [NJ ex order 26.4b1]. Resident #1 stated that Resident # [NJ ex order 26.4b1] [NJ ex order 26.4b1] Resident #1's [NJ ex order 26.4b1]. Resident #2 claimed that Resident #1 [NJ ex order 26.4b1] because Resident #2</p>	A 735		

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>09/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMPREHENSIVE CARE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 NORTH ROUTE 130</b> <b>PENNSAUKEN, NJ 08110</b>		
(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 735	<p>Continued From page 2</p> <p><b>NJ ex order 26.4b1</b></p> <p>Resident #2 further stated that Resident #1 <b>NJ ex order 26.4b1</b> and Resident #2 <b>NJ ex order 26.4b1</b> Resident #1 <b>NJ ex order 26.4b1</b> was <b>NJ ex order 26.4b1</b> to the Licensed Assisted Living Administrator on <b>NJ ex order 26.4b1</b> at 4:00 p.m. The Administrator was presented with the ID template that included information about the failure to develop a HSP for Resident #1.</p> <p>On 7/2/24, the surveyor reviewed Resident #1's medical record (MR) which revealed a move in date of <b>NJ ex order 26.4b1</b> and diagnoses that included a <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b>.</p> <p>The surveyor reviewed a facility document titled, "Resident Assessment" (RA), with an assessment date of <b>NJ ex order 26.4b1</b>, which indicated Resident #1 <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b>.</p> <p>Further surveyor review of the RA also indicated that Resident #1 <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b> Surveyor review of the MR indicated that there was no HSP or General Service Plan, in place for Resident #1.</p> <p>On 7/2/24 at 12:30 p.m., during surveyor interview with the facility Director of Nursing (DON), she stated that the "Service Plans" were located within the Electronic Medical Record (EMR). The surveyor reviewed the EMR, which showed no indication of a HSP for Resident #1, and when requested, the DON was unable to provide documentation of the same.</p>	A 735		

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>09/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMPREHENSIVE CARE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 NORTH ROUTE 130</b> <b>PENNSAUKEN, NJ 08110</b>		
(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 735	Continued From page 3  On <b>NJ ex order 26.4b1</b> , the facility submitted an acceptable Removal Plan. The surveyor revisited the facility on 9/4/24 and it was determined the Removal Plan was not fully implemented. Although the HSP <b>NJ ex order 26.4b1</b> for Resident #1 and Resident #2, the facility was unable to provide documentation that staff education was completed.	A 735		
A 745	8:36-7.2(f) Resident Assessments and Care Plans  (f) The initial health care assessment shall be documented by the registered nurse and shall be updated as required, in accordance with the rules of this chapter and professional standards of practice.  This REQUIREMENT is not met as evidenced by: Complaint#: NJ00175203  Based on observation, interview and review of medical records, it was determined that the facility failed to ensure that a health care assessment was conducted by a Registered Nurse after a <b>NJ ex order 26.4b1</b> , for 2 of 3 residents reviewed, Residents #1 and Resident #2 reviewed, for which an Imment Danger was identified. The deficient practice was evidenced by the following:  Surveyor review of a Facility's Reportable Event (FRE), (a document used by healthcare facilities to report incidents to the New Jersey Department	A 745		

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  C <b>09/04/2024</b>
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>		
(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 745	<p>Continued From page 4</p> <p>of Health) (NJDOH), that had a "date of event", of [REDACTED], and a "time of event", of 9:00 a.m., revealed the following:</p> <p>On 6/21/24 at approximately 9:25 a.m., Resident #1 and Resident #2 [REDACTED]. Resident #1 stated that Resident #2 walked up to him/her, [REDACTED] and [REDACTED]. Resident #1's [REDACTED]. Resident #2 claimed that Resident #1 [REDACTED] because Resident #2 [REDACTED] and [REDACTED]. Resident #2 further stated that Resident #1 [REDACTED] and Resident #2 [REDACTED]. Resident #1 [REDACTED]. The Imminent Danger (ID), was reported to the Licensed Assisted Living Administrator on [REDACTED] at 4:00 p.m. The Administrator was presented with the ID template that included information about the [REDACTED] for Residents #1 and #2 after the [REDACTED].</p> <p>1.) On 7/2/24, the surveyor reviewed Resident #1's medical record (MR) which revealed a move in date of [REDACTED], and diagnoses that [REDACTED].</p> <p>On 7/2/24 at 10:20 a.m., during surveyor interview, Resident #1 stated that he/she told Resident #2 [REDACTED] and in response, Resident #2 [REDACTED] about Resident #1's [REDACTED]. Resident #1 stated that Resident #2 [REDACTED] and Resident #1 [REDACTED]. During continued surveyor interview, Resident #1 [REDACTED] and the surveyor observed a [REDACTED].</p>	A 745		

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>09/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMPREHENSIVE CARE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 NORTH ROUTE 130</b> <b>PENNSAUKEN, NJ 08110</b>		
(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 745	<p>Continued From page 5</p> <p><b>NJ ex order 26.4b1</b> and Resident #1 stated that Resident #2 <b>NJ ex order 26.4b1</b></p> <p>2.) On 7/2/24, the surveyor reviewed Resident #2's Medical Record (MR) which revealed a move in date of <b>NJ ex order 26.4b1</b> and diagnoses that <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b></p> <p>On 7/2/24 at 10:00 a.m., during surveyor interview, Resident #2 stated that /Resident #1 <b>NJ ex order 26.4b1</b>, and then Resident #2 stated that he/she <b>NJ ex</b> Resident #1 <b>NJ ex order 26.4b1</b>, he/she <b>NJ ex order 26.4b1</b> Resident #2 further stated that the night before, Resident #1 <b>NJ ex order 26.4b1</b> from Resident #2 and upon refusing, Resident #1 <b>NJ ex order 26.4b1</b></p> <p>During continued surveyor interview, Resident #2 stated that when he/she <b>NJ ex</b> Resident #1, his/her <b>NJ ex order 26.4b1</b>, and then Resident #2 <b>NJ ex order 26.4b1</b> Resident #2 Resident #2 stated that prior to this incident, he/she <b>NJ ex order 26.4b1</b> with Resident #1. Resident #2 stated that that there was a <b>NJ ex order 26.4b1</b> and additionally showed the surveyor a letter from a facility attorney dated <b>NJ ex order 26.4b1</b> titled <b>NJ ExeC Order 26.4b1</b> The surveyor reviewed the document which indicated Resident #2 <b>NJ ex order 26.4b1</b>, <b>NJ ex order 26.4b1</b></p>	A 745		

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>09/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMPREHENSIVE CARE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 NORTH ROUTE 130</b> <b>PENNSAUKEN, NJ 08110</b>		
(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 745	<p>Continued From page 6</p> <p>During continued surveyor interview, Resident #2 stated <b>NJ ex order 26.4b1</b> with another resident, Resident #3, <b>NJ ex order 26.4b1</b>. Resident #2 further stated that administration offered to <b>NJ ex order 26.4b1</b> Resident #2 to another apartment since Resident #3 <b>NJ ex order 26.4b1</b>, and Resident #2 <b>NJ ex order 26.4b1</b>.</p> <p>3.) The surveyor reviewed Resident #3's MR which revealed a <b>NJ ex order 26.4b1</b>, and diagnoses that <b>NJ ex order 26.4b1</b>.</p> <p>On 7/2/24 at 9:43 a.m., during surveyor interview, Resident #3 stated that he/she <b>NJ ex order 26.4b1</b> with most of the facility residents and did not recall any incidents with his/her neighboring resident that involved <b>NJ ex order 26.4b1</b>. Resident #3 further stated that he/she did not know his/her neighbor's name.</p> <p>Surveyor review of the MR for both Resident #1 and Resident #2 showed no indication that an assessment by the facility Registered Nurse (RN) was conducted following the <b>NJ Exec Order 26.4b1</b> that occurred on <b>NJ ex order 26.4b1</b>. At 12:30 p.m., during surveyor interview with the Director of Nursing (DON), she was unable to provide documentation that an assessment by a facility RN was conducted for Resident #1 and Resident #2 <b>NJ ex order 26.4b1</b>.</p> <p>On 8/21/24, the facility submitted an acceptable Removal Plan. The surveyor revisited the facility on <b>NJ ex order 26.4b1</b>, and it was determined the Removal Plan <b>NJ ex order 26.4b1</b>. Although the HSP was <b>NJ ex order 26.4b1</b>.</p>	A 745		

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>09/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMPREHENSIVE CARE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 NORTH ROUTE 130</b> <b>PENNSAUKEN, NJ 08110</b>		
(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 745	Continued From page 7  <b>NJ ex order 26.4b1</b> for Resident #1 and Resident #2, the facility was unable to provide documentation that staff education was completed.	A 745		
A 751	8:36-7.3(b) Resident Assessments and Care Plans  (b) The resident health service plan shall be reviewed, and if necessary, revised quarterly, and 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#: NJ00175203  Based on observation, interview, and review of medical records, it was determined that the facility failed to revise the resident Health Service Plan after a <b>NJ Exec Order 26.4b1</b> between 2 residents, for 1 of 2 residents reviewed, Resident #2, for which an Imminent Danger was identified. The deficient practice was evidenced by the following:  Surveyor review of a Facility's Reportable Event (FRE), (a document used by healthcare facilities to report incidents to the New Jersey Department of Health) (NJDOH), that had a "date of event" of <b>NJ ex order 26.4b1</b> , and a "time of event" of 9:00 a.m., revealed the following:  On 6/21/24 at approximately 9:25 a.m., Resident #1 and Resident #2 <b>NJ ex order 26.4b1</b> . Resident #1 stated that Resident #2 <b>NJ ex order 26.4b1</b>	A 751		



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>09/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMPREHENSIVE CARE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 NORTH ROUTE 130</b> <b>PENNSAUKEN, NJ 08110</b>		
(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 751	<p>Continued From page 8</p> <p>used [redacted] and [redacted] about his/her [redacted] that included he/she [redacted] Resident #1's [redacted] NJ ex order 26.4b1. Resident #2 alleged that Resident #1 [redacted] NJ ex order 26.4b1 Resident #2 [redacted] NJ ex order 26.4b1</p> <p>[redacted] Resident #2 further stated that Resident #1 [redacted] NJ ex order 26.4b1 and Resident #2 [redacted] NJ ex order 26.4b1 Resident #1 [redacted] NJ ex order 26.4b1. The Imminent Danger (ID) was reported to the Licensed Assisted Living Administrator on [redacted] at 4:00 p.m. The Administrator was presented with the ID template that included information regarding failure to update the Health Service Plan for Resident #2.</p> <p>1.) On 7/2/24, the surveyor reviewed Resident #2's Medical Record (MR) that revealed a move in date of [redacted], and diagnoses that [redacted]</p> <p>On 7/2/24 at 10:00 a.m., during surveyor interview, Resident #2 stated that Resident #1 [redacted] NJ ex order 26.4b1 and then Resident #2 stated that he/she [redacted] Resident #1 [redacted] NJ ex order 26.4b1", and he/she [redacted] NJ ex order 26.4b1 [redacted] " Resident #2 further stated that the night before, Resident #1 [redacted] NJ ex order 26.4b1 [redacted] from Resident #2 and [redacted] NJ ex order 26.4b1, Resident #1 [redacted] NJ ex order 26.4b1 [redacted] NJ ex order 26.4b1.</p> <p>During continued surveyor interview, Resident #2 stated that when he/she hit Resident #1, his/her [redacted] NJ ex order 26.4b1 and then Resident #2 [redacted] NJ ex order 26.4b1, and his/her [redacted] NJ ex order 26.4b1 which [redacted] NJ ex order 26.4b1 [redacted]. Resident #2 was observed wearing shorts, and the surveyor observed no evidence of</p>	A 751		

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>09/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMPREHENSIVE CARE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 NORTH ROUTE 130</b> <b>PENNSAUKEN, NJ 08110</b>		
(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 751	<p>Continued From page 9</p> <p><b>NJ ex order 26.4b1</b>. Resident #2 <b>NJ ex order 26.4b1</b> with Resident #1. Resident #2 stated that he/she <b>NJ ex order 26.4b1</b>; and, also showed the surveyor a letter from a facility attorney dated <b>NJ ex order 26.4b1</b> titled <b>NJ ex order 26.4b1</b>." The surveyor reviewed the document that indicated Resident #2 <b>NJ ex order 26.4b1</b>.</p> <p>During ongoing surveyor interview, Resident #2 stated <b>NJ ex order 26.4b1</b>. Resident #3 <b>NJ ex order 26.4b1</b>. Resident #2 further stated that administration offered to <b>NJ Exec Ord</b> Resident #2 <b>NJ ex order 26.4b1</b> Resident #3 <b>NJ ex order 26.4b1</b>, and Resident #2 <b>NJ ex order 26.4b1</b>.</p> <p>The surveyor review of Resident #2's MR revealed a Progress note (PN) dated <b>NJ ex order 26.4b1</b> at 2:28 p.m., by the facility Director of Nursing (DON) <b>NJ ex order 26.4b1</b> to Resident #2 and that Resident #2 <b>NJ ex order 26.4b1</b>. The PN additionally indicated that Resident #2 <b>NJ ex order 26.4b1</b>.</p> <p>2.) The surveyor reviewed the MR for Resident #3 that revealed a move in date of <b>NJ ex order 26.4b1</b>, and diagnoses <b>NJ ex order 26.4b1</b>.</p> <p>On 7/2/24 at 9:43 a.m., during surveyor interview, Resident #3 stated that he/she <b>NJ Exec Order 26.4b1</b> with most of the facility residents and <b>NJ ex order 26.4b1</b> with his/her neighboring resident that</p>	A 751		

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>09/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMPREHENSIVE CARE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 NORTH ROUTE 130</b> <b>PENNSAUKEN, NJ 08110</b>		
(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 751	<p>Continued From page 10</p> <p><b>NJ ex order 26.4b1</b> Resident #3 further stated that he/she did not know his/her neighbor's name.</p> <p>3.) On 7/2/24, the surveyor reviewed Resident #1's medical record (MR) that revealed a move-in-date of <b>NJ ex order 26.4b1</b>, and diagnoses that <b>NJ ex order 26.4b1</b>.</p> <p>On 7/2/24 at 10:20 a.m., during surveyor interview, Resident #1 stated that he/she told Resident #2 that he/she <b>NJ ex order 26.4b1</b> and in response, Resident #2 <b>NJ ex order 26.4b1</b> about Resident #1's <b>NJ ex order 26.4b1</b>. Resident #1 stated that Resident #2 <b>NJ ex order 26.4b1</b> Resident #1 <b>NJ ex order 26.4b1</b>. During continued surveyor interview, Resident #1 <b>NJ ex order 26.4b1</b> <b>NJ ex order 26.4b1</b> and, Resident #1 stated that Resident #2 <b>NJ ex order 26.4b1</b>.</p> <p>On 7/2/24 at 12:40 p.m., during surveyor interview with the facility DON, she provided a facility document for Resident #2 that included areas of focus, goals and interventions. The DON clarified for the surveyor that the document was utilized as the facility's General Service Plan (GSP) and Health Service Plan (HSP). The surveyor reviewed the facility GSP/HSP for Resident #2 and noted an area of focus titled <b>NJ ex order 26.4b1</b>; however, the surveyor observed no review or updates that included information or interventions regarding the <b>NJ Exec Order 26.4b1</b> between Residents #1 and #2 that occurred on <b>NJ ex order 26.4b1</b>.</p> <p>On <b>NJ ex order 26.4b1</b>, the facility submitted an acceptable</p>	A 751		

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>09/04/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BENTLEY COMPREHENSIVE CARE LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7999 NORTH ROUTE 130</b> <b>PENNSAUKEN, NJ 08110</b>		
(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 751	Continued From page 11  Removal Plan. The surveyor revisited the facility on <span style="background-color: black; color: red;">NJ dx order 26</span> , and it was determined the Removal Plan was not fully implemented. Although the HSP was updated with behaviors, specific incidents, and interventions for Resident #1 and Resident #2, the facility was unable to provide documentation that staff education was completed.	A 751			

Bentley Comprehensive Care  
License: **NJ#04A005**  
7999 North Crescent Blvd  
Pennsauken, New Jersey 08110

Acceptable 9/26/24

**Complaint(s) of Survey visit dated: 9/04/2024.**

**ID Tag A735: NJAC 8:36-7.2 (e)(1-5)**

**1. Immediate**

The immediate action taken was that the Director of Nursing (DON) acknowledged that although the Health Service Plan (HSP) wasn't available in the facility's Electronic Medical Records (EMR) system, however the HSP were tracked and available on a facility spreadsheet and the General Service Plan (GSP) were available in the old EMR system.

The Administrator and DON immediately reviewed the HSP spreadsheet and the GPS in the old facility profile to confirm that all documentation was available for current EMR integration.

**Resident #1** – Had an updated HSP and GSP on the facility spreadsheet and old facility EMR profile at the time of the state visit and all will be transferred and/or uploaded to the new facility profile. Resident #1 was educated and assessed for [redacted] He/she has been [redacted] and informed that he/she will be given a [redacted] **NJ Exec Order 26.4b1** notice if this behavior should re-occur.

**Resident #2** - Had an updated HSP and GSP on the facility spreadsheet and old facility EMR profile at the time of the state visit and all will be transferred and/or uploaded to the new facility profile. Resident #2 was educated and assessed for [redacted] He/she has been [redacted] on [redacted] **NJ Exec Order 26.4b1**

**2. All residents have the potential to be affected by the deficient practice.**

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

The DON and Administrator will review all GSP and HSP monthly to ensure that all is complete and entered into the facility's EMR system.

The facility has hired a new Assistant Director of Nursing (ADON) to assist with monitoring the GSP and HSP process.

The DON/Designee will provide weekly GSP and HSP reports to the Administrator which will be discussed at our weekly clinical meetings.

**4. How will the facility monitor that the deficient practice is being corrected and will not reoccur.**

The DON and ADON will monitor the EMR system on a weekly basis to make sure all is documented in a timely manner.

**LICENSING**

The DON/Designee will provide weekly GSP and HSP reports to the Administrator which will be discussed in our weekly clinical meeting

Results will also be reviewed in the next quarterly QA meetings and ongoing.

**Completion Date:** 10/24/2024.

**ID Tag A745: NJAC 8:36-7.2 (f)**

**1. Immediate**

The Director of Nursing (DON) acknowledged that although the Resident Assessments (RA) wasn't available in our Electronic Medical Records (EMR) system, the (RA) were available on paper and filed away in the (RA) binder for reference.

The Administrator and DON immediately reviewed the paper Resident Assessments to confirm that the (RA) were available to start the process of uploading all (RA) documents to the "Forms" section in our facility's Electronic Medical Records system.

**Resident #2** – Had an updated Resident Assessment on paper at the time of the state visit and will be uploaded to the new facility EMR profile. Resident #2 was educated and assessed for and he/she has been **NJ Exec Order 26.4b1**

**Resident #3** - Had an updated Resident Assessment on paper at the time of the state visit and will be uploaded to the new facility EMR profile. Resident #3 was educated and assessed for and has received a **NJ Exec Order 26.4b1**

**2. All residents have the potential to be affected by the deficient practice.**

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

The DON has been verbally counseled about the importance of ensuring that all documentation is readily available in the proper facilities for future state visits and more importantly, in compliance with state requirements for a Registered Nurse.

The DON will receive additional training on the HSP, GSP and Nurse Assessments by an outside nurse consultant on 10/4/2024.

The facility has hired a new Assistant Director of Nurse (ADON) to assist with monitoring the Resident Assessment process.

The DON, ADON and Administrator will continue to check the Resident Assessments to ensure that this process is being followed as regulated.

**4. How will the facility monitor that the deficient practice is being corrected and will not reoccur.**

The DON and ADON will check the EMR system on a weekly basis to make sure all is documented in a timely manner which is required by the state.

The DON/Designee will provide weekly (RA) reports to the Administrator which will be discussed in our weekly clinical meetings.



Results will also be reviewed in the next quarterly QA meetings and ongoing.  
**Completion Date:** 9/17/2024.

**ID Tag A751: NJAC 8:36-7.3 (b)**

The Director of Nursing (DON) acknowledged that although the Health Service Plan (HSP) wasn't available in the facility's Electronic Medical Records (EMR) system, however the HSP were tracked and available on a facility spreadsheet and the General Service Plan (GSP) were available in the old EMR system.

The Administrator and DON immediately reviewed the HSP spreadsheet and the GPS in the old facility profile to confirm that all documentation was available for current EMR integration.

**Resident #2** – Had an updated HSP that is being tracked on a facility spreadsheet and GSP that was available in the old facility's profile at the time of the state visit. Resident #2 has since been **NJ Exec Order 26.4b1** and discharged from the facility on **NJ Exec Order 26.4b1**

**Resident #1** - Had an updated HSP that is being tracked on a facility spreadsheet and GSP that was available in the old facility's profile at the time of the state visit. Resident #1 was educated and assessed for **NJ Exec Order 26.4b1**. He/she has been **NJ Exec Order 26.4b1** and informed that he/she will be given a **NJ Exec Order 26.4b1** if this behavior should re-occur.

**Resident #3** – There has been no report of resident #3 being **NJ Exec Order 26.4b1** towards resident #2 according to the numbered names on the "remarks" sheet provided by the state.

**2. All residents have the potential to be affected by the deficient practice.**

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

The DON and Administrator will continue to check the GSP and HSP to ensure that this process is being followed as regulated.

The facility has hired a new Assistant Director of Nursing (ADON) to assist with monitoring the GSP and HSP process.

**4. How will the facility monitor that the deficient practice is being corrected and will not reoccur.**

The DON and ADON will monitor the EMR system on a weekly basis to make sure all is documented in a timely manner.

The DON/Designee will provide weekly GSP and HSP reports to the Administrator which will be discussed in our weekly clinical meeting.

The DON will receive additional training by an outside consultant on 10/4/2024.

The DON and ADON will actively work to transfer and/or upload all documentation into the proper facility EMR system.

Since this is a tedious task, the nursing team will need 30 days to complete this process.

Results will also be reviewed in the next quarterly QA meetings and ongoing.

**Completion Date:** 10/24/2024.



## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 04A005	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/29/2024
NAME OF FACILITY BENTLEY COMPREHENSIVE CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 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 A0735	Correction	ID Prefix A0745	Correction	ID Prefix A0751	Correction
Reg. # 8:36-7.2(e)(1-5)	Completed	Reg. # 8:36-7.2(f)	Completed	Reg. # 8:36-7.3(b)	Completed
LSC	10/29/2024	LSC	10/29/2024	LSC	10/29/2024
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	
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 9/4/2024		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			