New Jersey Department of Health

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 **04/23/2025**

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 # NJ00185259, NJ00185507, NJ00185444, & NJ00185439 CENSUS: 112 (4/22/25), 111 (4/23/25) SAMPLE SIZE: 6 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) Administrator's Responsibilities (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 07/01/25

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A 310	Continued From page 1	A 310		

This REQUIREMENT is not met as evidenced by:
Complaint: #NJ00185259

Based on interview and record review, it was determined that the Executive Director (ED) failed to ensure the implementation and enforcement of the facility policy titled, 1) "Notification and Documentation Protocol for Police-Involved Incidents" for 2 of 6 residents, Resident #s 1 and 2, and the facility policy titled, 2) "Assisted Living Resident Issue Investigation Policy" for an incident which involved 2 of 6 residents reviewed, Resident #s 4 and 6. This deficient practice was evidenced by the following:

1) On 4/7/25, the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), (A form utilized by health care facilities to report events), dated NJ Exec Order 2 with a "Date of Event" of NJ Ex Order 26 regarding resident-to-resident abuse. Resident #s 1 and 2 NJ Exec Order 26.4b1 and then Resident#1 NJ Ex Order 26.4 Resident #2, who then NJ Exec Order 26.4b1.

At 11:49 a.m., the surveyor interviewed the Director of Nursing (DON) who stated that she received a call from the [Facility] nurse on duty at approximately 11:00 p.m., on NJ Ex Order 26, who stated that the NJ Ex Order 26 were at the facility. Resident #2 was NJ Exec Order 26.4b1 and Resident #1 NJ Exec Order 26.4b1

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A 310	Continued From page 2	A 310		

At 1:07 p.m., the surveyor requested the facility's incident report related to the FRE dated NJ Exec Order 2 from the ED. The ED stated that they did not complete an incident report for that incident.

At 2:00 p.m., the surveyor reviewed the undated facility policy titled, "Notification and Documentation Protocol for Police-Involved Incidents."

The ED failed to implement and enforce the (undated) facility policy titled, "Notification and Documentation Protocol for Police-Involved Incidents" which states, "Purpose: To establish a clear protocol for notifying the New Jersey Department of Health (NJDOH) following any incident that results in police involvement ... Policy Statement: In the event police are called to the building, the following steps must be followed: ... 2. Supporting Documentation: Within 72 hours of the incident, all supporting documentation must be submitted to the NJDOH. This includes, but is not limited to: Incident reports, Police reports (if available), Any internal reports... Responsibility: It is the responsibility of the Administrator, or designee, to ensure that this policy is followed in the event of police involvement...."

Complaint # NJ00185507

2. On 4/22/25 and 4/23/25, the Department of Health (DOH) went to the facility to investigate a Facility Reportable Event (FRE) dated NJ Exec Order 26, regarding a NJ Exec Order 26.4b1 According to the FRE dated NJ Exec Order 26 Resident #4 NJ Exec Order 26 Resident #6 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 The NJ Ex Order 2 were called to the facility.

On 4/22/25 at 9:41 a.m., the surveyor reviewed

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A 310	Continued From page 3 Resident #4's medical record (MR) which revealed that the resident's move-in date was NJ Exec Order 26.4b1 with diagnoses that included NJ Exec Order 26.4b1 . On 4/23/25 at 9:20 a.m., the surveyor reviewed Resident #6's MR which revealed that the resident's move-in date was NJ Exec Order 26.4b1 with diagnoses that included NJ Exec Order 26.4b1 Upon surveyor review of Resident #6's MR, the surveyor observed a Progress Note (PN) dated NJ Exec Order 26.4b1., written by the Director of Nursing (DON), which indicated, " ... [Resident #6] NJ Exec Order 26.4b1 in which [Resident #4] NJ Exec Order 26 [him/her] ... [Resident #4] NJ Exec Order 26.4b1 [Resident #6] NJ Exec Order 26.4b1 and [his/her] NJ Exec Order 26.4b1 ." On 4/23/25 at 9:08 a.m., the surveyor reviewed the facility's Investigative Summary for the incident that occurred between Resident #4 and 6 on NJ Exec Order 26. The Investigative Summary, which was completed by the Executive Director (ED), indicated " ... Investigation At approx NJ Exec Or I was made aware of an incident that happened where [Resident #4] NJ Exec Order 26 [Resident #6] NJ Ex [his/her] NJ Exec Order 26.4b1. After a NJ Exec Order 26.4b1. The residents were NJ Ex Order 26.4 ..." The surveyor noted that the Investigative Summary did not mention the NJ Exec Order 26.4b1 during the incident on NJ Exec Order 26. At 9:56 a.m., the surveyor interviewed the DON	A 310		

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A 310	Continued From page 4 and inquired about the incident that occurred on NJ Exec Order 26. The DON stated that she witnessed the incident between Resident #4 and 6. She stated that Resident #6 NJ Exec Order 26.4b1 and NJ Exec O Resident #4. The DON stated she NJ Exec Order 26.4b1, then Resident #6 NJ Exec Order 26.4b1 Resident #4. At that time, Resident #4 NJ Exec Order 26 Resident #6 NJ Exec Order 26.4b1. At 10:40 a.m., the surveyor interviewed the ED and inquired about the investigation conducted for the incident that occurred on NJ Exec Order 26 between Resident #4 and 6. The ED stated that he spoke to both residents about the incident. During the surveyor interview with the ED, the surveyor inquired about the conflicting reports documented in the Investigative Summary and in Resident #6's PNs regarding the NJ Exec Order 26 incident. The surveyor specified that Resident #6's PNs indicated that NJ Exec Order 26.4b1 were involved in the incident on NJ Exec Order 26. The ED stated that he was made aware of the presence of the NJ Exec Order 2 by the DON. Additionally, the ED stated that he usually reviewed the written witness statements, completed by staff members, when he completed the Investigation Summaries for other incidents; however, he was unsure if the DON wrote a witness statement for the incident on U.S. FOIA (b)(6). The surveyor reviewed an undated facility policy titled, "Assisted Living Resident Issue Investigation Policy" which indicated, " ... The policy aims to ensure a thorough, fair, and impartial investigation process to resolve issues and uphold the safety, well-being, and rights of all residents ... A designated investigator ... will conduct interviews with relevant parties, including	A 310		

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A 310	Continued From page 5 the complainant, witnesses, and staff members ... The facility management is responsible for ensuring that all investigations are conducted in a thorough, fair, and timely manner ..." The surveyor reviewed an additional undated facility policy titled, "ADMINISTRATOR'S RESPONSIBILITIES" which indicated, " ... The Administrator or Designee shall be responsible for ... Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights ...."	A 310		
A 401	8:36-4.1(a)(22) Resident Rights (a) Each assisted living provider shall post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: 22. The right to live in safe and clean conditions in a facility that does not admit more residents than it can safely accommodate while providing services and care; This REQUIREMENT is not met as evidenced by: Complaint # NJ00185507, NJ00185444, & NJ00185439 Based on observation, interview, and record review, it was determined that the facility failed to	A 401		

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A 401	Continued From page 6 ensure a safe environment for residents involved in an incident with another resident for 3 of 6 residents reviewed, Resident #'s 3, 5, and 6. This deficient practice was evidenced by the following: On 4/22/25 and 4/23/25, the Department of Health (DOH) went to the facility to investigate three Facility Reportable Events (FREs) dated NJ Exec Order 26.4b1 regarding NJ Exec Order 26.4b1 NJ Exec Order 26.4b FREs involved Resident #4. According to the first FRE dated NJ Exec Order 26 Resident #3 reported that Resident #4 had NJ Exec Order 26.4b1 Resident #3 reported the incident that occurred on NJ Exec Order 26 to a staff member on NJ Exec Order 26, 2 days after the event. The NJ Ex Order were called to the facility on NJ Exec Order 26.4b According to the second FRE dated NJ Exec Order 26.4b Resident #4 NJ Exec Order 26 Resident #5 NJ Exec Order 26.4b1 . The NJ Ex Order 26 were called, and Emergency Medical Services (EMS) NJ Exec Order 26.4b1 Resident #5 NJ Exec Order 26.4b1 According to the FRE dated NJ Exec Order 26 Resident #4 NJ Exec Order 26 Resident #6 NJ Exec Order 26.4b1 . The NJ Ex Order 26 were called to the facility. On 4/22/25 at 9:41 a.m., the surveyor reviewed Resident #4's medical record (MR) which revealed that the resident's move-in date was NJ Exec Order 26.4b1 with diagnoses that included NJ Exec Order 26.4b1 At 10:06 a.m., the surveyor reviewed Resident #5's MR which revealed that the resident's move-in date was NJ Exec Order 26.4b1 with	A 401		

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A 401	Continued From page 7 diagnoses that included NJ Exec Order 26.4b1 At 10:32 a.m., the surveyor reviewed Resident #3's MR which revealed that the resident's move-in date was NJ Exec Order 26.4b1 with diagnoses that included NJ Exec Order 26.4b1 On 4/23/25 at 9:20 a.m., the surveyor reviewed Resident #6's MR which revealed that the resident's move-in date was NJ Exec Order 26.4b1 with diagnoses that included NJ Exec Order 26.4b1 On 4/22/25 at 11:34 a.m., the surveyor reviewed the facility's investigation report regarding the incident that occurred on NJ Exec Order 26 and was reported to staff members on NJ Exec Order 26. The surveyor noted a Progress Note (PN) dated NJ Exec Order 26, written by the Director of Nursing (DON), which indicated that a nurse assessed Resident #3 for NJ Exec Order 26.4b1, NJ Ex Order 26.4b1 was noted on NJ Exec Order 26.4b1. On 4/22/25 at 11:05 a.m., the surveyor reviewed the facility's investigation report regarding the incident that occurred on NJ Exec Order 26 A PN dated NJ Exec Order 26, written by the DON, indicated that Resident #5 was admitted to the hospital for NJ Exec Or Additionally, the investigation report for the NJ Exec Order 26 incident included a PN dated NJ Exec Order 26 written by the Executive Director (ED), which revealed that Resident #4 was NJ Exec Order 26.4b1.	A 401		

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A 401	Continued From page 8 Upon further review of the investigation reports for both FREs dated NJ Exec Order 26, the surveyor reviewed updates made to Resident #4's General Service Plan (GSP) which included that Resident #4 NJ Exec Order 26.4b1 Additionally, the surveyor noted that another intervention was documented which stated, "[Resident #4] was educated about appropriate responses to NJ Exec Order 26.4b1 and to always get staff..." On 4/23/25 at 9:08 a.m., the surveyor reviewed the facility's investigation report regarding the incident on NJ Exec Order 26.4b The surveyor observed that both residents were NJ Ex Order 26.4b1 . The investigation report for the NJ Exec Order 26 incident included Resident #4's updated GSP. The surveyor observed interventions documented below "NJ Ex Order 26.4: Interventions," which included, "... [Resident #4 was educated on the importance of NJ Exec Order 26.4b1 . [Resident #4] NJ Exec Order 26.4b1 NJ Ex floors NJ Exec Order 26.4b1 On 4/22/25 at 1:24 p.m., the surveyor interviewed Resident #3 NJ Exec Order 26.4b1 of the facility, and observed that Resident #4 NJ Exec Order 26.4b1 . Resident #3 stated that there was "NJ Exec Order 26.4b in the facility, however, he/she did not specify a situation that involved him/her. At 1:54 p.m., the surveyor interviewed the DON	A 401		

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A 401	Continued From page 9 and inquired about Resident #3 and Resident #4's interactions following the incident that occurred on NJ Exec Order 26. The DON stated that they NJ Exec Order 26.4b1 Resident #3's NJ Exec Order. On 4/23/25 at 10:16 a.m., the surveyor interviewed Resident #6 in his/her room, which was on the NJ Exec Order 26.4b of the facility, and inquired about the incident that occurred on NJ Exec Order 26.4b Resident #6 reported that he/she NJ Exec Order 26.4b1 in the facility since Resident #4 NJ Exec Order 26.4b1 . At 10:40 a.m., the surveyor interviewed the ED and inquired about the interventions in place for Resident #4 following the NJ Exec Order 26.4b1 that involved Resident #4. The ED stated that in addition to the NJ Exec Order 26.4b1 Resident #4 NJ Exec Order 26.4b1 NJ Exec Order 26.4b1, and to find a staff member if there was an issue with another resident. During the surveyor interview with ED, the ED stated that he had been checking in with Resident #4 daily while the Resident was in line for medication pass. The ED stated that he did not document these "check-ins" with Resident #4. Despite the review and revisions made to Resident #4's GSP following these three incidents, the facility was unable to maintain a safe environment for the other residents since the interventions that were documented to address Resident #4's NJ Exec Order 26.4b1 Resident #4 have occurred. The surveyor reviewed an undated facility policy	A 401		

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A 401	Continued From page 10 titled, "House Rules Policy" which indicated, "The purpose of this policy is to outline the expectations and guidelines for residents of [Facility Name], in order to maintain a safe, respectful, and comfortable living environment for all... The facility reserves the right to terminate a resident's stay if their behavior poses a threat to the safety or well-being of themselves or others..." The surveyor reviewed another undated facility policy titled, "RESIDENT ABUSE - RESIDENT TO RESIDENT" which indicated, "... The resident has the right to be free from verbal, sexual, physical or mental abuse... This includes rough physical treatment... Upon admission, if interventions to address identified behavior issues are appropriate, they shall be incorporated into the service plan. Periodic assessments shall be conducted and service plan updates as needed..." On 4/23/25 at 11:44 a.m., the surveyor requested a Removal Plan (RP) from the ED to remove the immediacy of the problem. On 4/23/25, the facility submitted RP #1, and it was returned to the facility for revisions on 4/25/25. Later, on 4/25/25, the facility submitted RP #2. RP #2 was reviewed and was accepted/approved on 4/29/25.	A 401		
A 621	8:36-5.18(a)(1) Managed Risk Agreements (a) The choice and independence of action of a resident may need to be limited when a resident's individual choice, preference and/or actions are identified as placing the resident or others at risk, lead to adverse outcome and/or	A 621		

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A 621	Continued From page 11	A 621		

violate the norms of the facility or program or the majority of the residents. When the resident assessment process identified in N.J.A.C. 8:36-7 indicates that there is a high probability that a choice or action of the resident has resulted or will result in any of the preceding, the assisted living residence, comprehensive personal care, home or assisted living program shall:

1. Identify the specific cause(s) for concern;

This REQUIREMENT is not met as evidenced by:
Complaint # NJ00185444

Based on observation, interview, and record review, it was determined that the facility failed to coordinate a Managed Risk Agreement with a resident after identifying that a resident choice to continue interacting with another resident could lead to an adverse outcome for 1 of 6 residents reviewed, Resident #3. This deficient practice was evidenced by the following:

On 4/22/25 and 4/23/25, the Department of Health (DOH) representative went to the facility to investigate a Facility Reportable Event (FRE) dated NJ Exec Order 26 regarding a NJ Exec Order 26.4b1 . According to the FRE, Resident #3 reported that Resident #4 had NJ Exec Order 26 him/her NJ Exec NJ Exec Order 26 . Resident #3 reported the incident that occurred on NJ Exec Order 26 to a staff member on NJ Exec Order 26 two days after the event. The NJ Ex Order were called to the facility on NJ Ex Order 26.4 .

On 4/22/25 at 9:41 a.m., the surveyor reviewed

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A 621	Continued From page 12 Resident #4's medical record (MR) which revealed that the resident's move-in date was NJ Exec Order 26.4b1 with diagnoses that included NJ Exec Order 26.4b1 . Surveyor review of Resident #4's MR revealed resident's General Service Plan (GSP) which indicated, "NJ Exec Order 26: Intervention ... [Resident #4] was NJ Exec Order 26.4b1 ... was NJ Exec Order 26.4b1 the NJ Exec Order 26.4b1 floors where the other parties reside ...." At 10:32 a.m., the surveyor reviewed Resident #3's MR which revealed that the resident move-in on NJ Exec Order 26.4b1 with diagnoses that included NJ Exec Order 26.4b1 . Resident #3's GSP indicated, "NJ Exec Order 26: Intervention ... [Resident #3] NJ Exec Order 26.4b1 [Resident #4] in private places ...." Additionally, the surveyor noted a Progress Note (PN) dated NJ Exec Order 26.4b1 written by the Director of Nursing (DON), which indicated, " ... [Resident #3] NJ Exec Order 26.4 [Resident #4] who was asked NJ Exec Order 26.4b1 ... [Resident #3] NJ Exec Order 26.4b1 [he/she] did not NJ Exec Order 26.4b1, [he/she] NJ Exec Order 26.4b1 [Resident #4].' NJ Exec Order 26.4b [he/she] NJ Exec Order 26.4b1 [Resident #3] stated NJ Exec O NJ Exec Order 2 to which [Resident #3] replied NJ Exec Order 26.4b1 The surveyor observed another PN dated NJ Exec Order 26 ., written by the Administrator, which indicated, " ... The other resident that was	A 621		

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	04A005	A. BUILDING: ______ B. WING ______	C 04/23/2025

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 621	Continued From page 13 NJ Exec Order 26.4b1 [Resident #3's] NJ Exec Order 26.4b1 with [him/her] at the time ..." On 4/22/25 at 9:28 a.m., the surveyor reviewed the NJ Exec Order 26.4b1) which was provided by the Executive Director (ED). The NJ Exec O documented all residents in the facility with a NJ Exec Order 26.4b1 However, the surveyor noted that Resident #3 did not have an NJ Exec Orde At 1:24 p.m., the surveyor interviewed Resident #3 NJ Exec Order 26.4b1 Resident #4 NJ Exec Order 26.4b1 . Resident #3 stated that there was NJ Exec Order 26.4b1 in the facility, however he/she NJ Exec Order 26.4b1 him/her. At 1:54 p.m., the surveyor interviewed the DON and inquired about Resident #3 and Resident #4's interactions following the incident that occurred on NJ Exec Order 26 The DON stated that they NJ Exec Order 26.4b1 Resident #3's NJ Exec Or . On 4/23/25 at 10:40 a.m., the surveyor interviewed the ED and inquired about Resident #3 following the incident on NJ Exec Order 26 The ED stated that Resident #3 NJ Exec Order 26.4b1 Resident #4 NJ Exec Order 26.4b1 . The ED confirmed that there was no NJ Exec Or for Resident #3's NJ Exec Order 26.4b1 Resident #4, NJ Exec Order 26.4b1 to Resident #3 and Resident #4 NJ Exec Order 26.4b1 . The ED acknowledged that it would be appropriate for Resident #3 to have a NJ Exec Or for his/her NJ Exec Order 26.4b1 with Resident #4. The surveyor reviewed an undated facility policy	A 621		

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 04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 621	Continued From page 14 titled, "MANAGED RISK AGREEMENTS" which indicated, " ... When the resident assessment process indicates that there is a high probability that a choice or action of the resident has resulted or will result in any of the preceding, the Residence will: 1. Identify the specific cause for concern. 2. Provide the resident ... with clear, understandable information about the possible consequences of his or her choice or action. 3. Seek to negotiate a managed risk agreement with the resident ...." .	A 621		
A 765	8:36-7.4(c)(1) Health Care Services (c) Written policies and procedures shall be developed and implemented to ensure, but not be limited to, the following: 1. Assessment of all residents with a general service plan at least semi-annually, and those residents who have a health service plan shall be reassessed at least quarterly and more often on an as-needed basis, including and upon the resident's return to the facility from the hospital; This REQUIREMENT is not met as evidenced by: Complaint: #NJ00185259 Based on observation, interview and record review, it was determined that the facility failed to ensure a Registered Nurse (RN) completed a	A 765		

New Jersey Department of Health

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 04/23/2025

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 765	Continued From page 15 comprehensive assessment for a resident who returned from the hospital for 1 of 6 residents reviewed, Resident #2. This deficient practice was evidenced by the following: The New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), (A form utilized by health care facilities to report events), dated NJ Exec Order 2, with a "Date of Event" of NJ Exec Order regarding NJ Exec Order 26.4b1. Resident #s 1 and 2 got into a NJ Exec Order 26.4b1 when Resident #1 NJ Exec Order 26 Resident #2 and Resident #2 NJ Exec Order 26.4b1. On 4/22/25 at 10:00 a.m., the surveyor reviewed the Medical Record (MR) of Resident #2 which revealed a move in date of NJ Exec Ord, with diagnoses that included but not limited to NJ Exec Order 26.4b1 Continued review of Resident #2's MR revealed that he/she was NJ Exec Order 26.4b1 with Resident #1. According to Resident #2's hospital records, he/she NJ Exec Order 26.4b1 The surveyor reviewed Resident #2's General Service Plan (GSP) and Progress Notes (PN) in the MR. Resident #2's PN dated NJ Exec Order 26.4b1 revealed the facility Director of Nursing (DON) documented that she assessed Resident #2 upon his/her return from the hospital and noted that the resident was NJ Exec Order 26.4b1 . Further surveyor's review of the MR revealed that there was no documentation that addressed resident's condition upon return from the hospital. There was no comprehensive RN assessment completed to include resident's NJ Exec Order 26.4b1	A 765		

New Jersey Department of Health

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 04/23/2025

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 765	Continued From page 16 NJ Exec Order 26.4b1 At 11:19 a.m., the surveyor observed Resident #2 sitting in a chair in his/her room with a NJ Exec Order 26.4b At 11:49 a.m., the surveyor interviewed the DON, who stated that she assessed Resident #2 when he/she NJ Exec Order 26.4b1. The DON also stated that Resident #2 NJ Exec Order 26.4b1 on NJ Exec Order with a NJ Exec Order 26.4b1 pon further interview, the DON stated that she documented the assessment of Resident #2 in the resident's PN. She also stated that all residents GSP and HSP are combined into one document and updated quarterly. The RN did not confirm the need to review the resident on as needed basis, including upon return from the hospital after an NJ Ex Order 26.4b1 The facility failed to enforce their undated policy titled, "General Service Plan", which stated that "POLICY [:] A service plan, designed to meet the individual needs of each resident, is completed to ensure the effective delivery of quality care and services. PROCEDURE GUIDELINE 1. A General Service Plan is completed... and Resident Assessment...as changes in condition warrant and/or the resident requests ...."	A 765		

POC# 3 received 7/22/25
Accepted

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

Complaint Survey dated 04/23/2025

St- 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;

1 Immediate Correction of Deficiency
The Administrators and Director of Nursing (DON) were re-educated by the RN consultant on the policy titled "Notification and documentation protocol for police involved incidents" and providing the Department of Health, all supporting documents which incident reports, witness statements within 72 hours. Administrators and DON were re-educated by the consultant RN on 6/29/25.
All staff were reeducated by the Director of Nursing (DON) on the importance of obtaining a witness statements from all witnesses, including staff and residents. (Education was completed on 7/15/2025)
Administrators were re-educated by the RN consultant on proper investigation utilization for all reportable events. (Education was completed on 6/29/25).
All staff is responsible for NJ Exec Order 26.4b1 resident #4, the resident comes to the nursing station NJ Ex Order 26.4b1 NJ Ex Order 26.4b1 We are documenting the NJ Exec Order 26.4b1 of resident #4 in NJ Exec Order 26.4b1
Resident 1 has been out of the building most of NJ Exec Order 26.4b1 He/she NJ Exec Order 26.4b1 and returned on NJ Exec Order 26.4b1
Resident 2 has been in the building and has NJ Ex Order 26.4b1
Resident 3 has been in the building and has
Resident 5 has returned to the building on NJ Exec Order 26.4b1
Resident 6 has been in the building and has NJ Ex Order 26.4b1
Resident 4 has been in the building; NJ Exec Order 26.4b1 and we are NJ Exec Order 26.4b1 He/she has had NJ Exec Order 26.4b1 since the NJ Exec Order 26.4b1
NJ Exec Order 26.4b1

2. Residents with the potential to be affected
All residents at the facility have the potential to be affected.

3. Measures put in place to ensure the deficient practice will not re-occur
The Director of Nursing (DON) In-serviced all staff on incident report documentation procedure and witness statement (Education was completed on 7/15/25).

4. How will the facility monitor that the deficient practice is being corrected and will not reoccur? (Including frequency of monitoring, person responsible, and a completion date

The Director of Human resources (HR) will monitor for the Proper documentation of incident reports and all witness statements that are completed, on a monthly basis.

Completion date: 7/15/2025

KJ approved 7/22/25

St- A 401 8:36-4.1(a) Resident Rights (a) Upon admission, each resident shall receive a copy. The resident rights and a copy of the house rules.

1 Immediate Correction of Deficiency
All staff were re-educated by the DON on the importance of proper documentation of all check ins of residents (which was completed on 7/15/25) Resident #4 was given the NJ Exec Order 26.4b1
NJ Exec Order 26.4b1
Resident 3 has been in the building and has NJ Ex Order 26.4b1
Resident 5 returned to the building on NJ Ex Order 26.4b1
Resident 6 has been in the building and has NJ Ex Order 26.4b1

2. **Residents with the potential to be affected**
All residents have the potential to be affected

3. **Measures put in place to ensure the deficient practice will not re-occur**
The DON has in-serviced all nursing personnel engaged in monitoring residents for their safety needs. (Education was completed on 7/15/25 by DON).

4. **How will the facility monitor that the deficient practice is being corrected and will not reoccur? (Including frequency of monitoring, person responsible, and a completion date**
The DON will ensure that General Service plans (GSP) are completed and updated by the 14th day of admission and stay in compliance with all policy and procedures as well as state regulations. The admission Coordinator Will also review the House rules with the resident on admission. The DON will also amend all GSP/ Health service plans (HSP) on a quarterly basis and to make sure both residents and community representatives can sign off on any updates. The administrator will monitor to ensure that any outstanding GSP/ HSP plans will be updated every time there is a new admission or change in condition to ensure completion of care plans on an ongoing basis. The DON will monitor that nursing personnel have completed all monitoring necessary to ensure resident safety. The monitoring will be completed by Room checks and the physical sight of residents as necessary for monitoring of resident safety.
NJ Exec Order 26.4b1 resident #4, the resident comes to the nursing station NJ Ex Order 26.4b1 NJ Ex Order We are documenting the NJ Exec Order 26.4b1 #4 in NJ Exec Order 26

Completion date: 7/15/2025

KJ approved 7/22/25

St- A 621 8:36-5.18(a) Managed risk agreements

OASIS AT THE (r t

The choice and independent actions of a resident may need to be limited when a resident's individual choice. Preference and /or action are identified as placing the resident or others at risk, Lead to adverse outcome and/or violate the norms of the facility or program or the majority of the residents.

1 Immediate Correction of Deficiency

The Administrators were re-educated by the RN consultant in the importance of accurate and timely risk managed agreement on 4/29/25.

A NJ Exec Order 26.4b1 o resident #3 NJ Exec Order 26.4b1 resident #4. We have NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 addresses, resident #3 NJ Exec Order 26.4b1 resident #4 and NJ Exec Order 26.4b1

2. **Residents with the potential to be affected**

All residents have the potential to be affected.

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

The Administrators will utilize the NJ Exec Order 26.4b1 to maintain accurate and timely risk management agreements. The Administrator will Monitor the NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 The Administrators will utilize the NJ Exec Order 26.4b1 to verify if a resident has already received a risk management agreement.

4. **How will the facility monitor that the deficient practice is being corrected and will not reoccur? (Including frequency of monitoring, person responsible, and a completion date**

The Administrators will utilize the NJ Exec Order 26.4b1 to follow and revisit all NJ Exec Order 26.4b1 NJ Exec Order 26.4b1 to ensure that they are upheld and all residents in need of one receives one. Administrator will Monitor the NJ Exec Order 26.4b1 monthly.

Completion date: 7/15/2025

KT approved 7/22/25

St- A 765 8:36-7.4(c)(1) 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 residents' needs and preferences for himself or herself; 3. The specific goals of treatment or services, if appropriate; 4. The time intervals at which the resident's response to treatment will be reviewed; and 5. The measures to be used to assess the effects of treatment.

1 Immediate Correction of Deficiency

The DON was re-educated 7/1/2025 by the administrator regarding the facilities policies and procedures for Health Service Plans.

Resident 2 has been in the building and NJ Ex Order 26.4b1

2. **Residents with the potential to be affected**

All residents have the potential to be affected who receive services

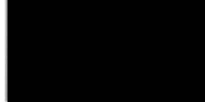
3. Measures put in place to ensure the deficient practice will not re-occur

The DON will ensure this in-service is given to all nursing personnel engaged in care planning for resident needs. This was completed on 7/15/25 by DON. The DON will use Point click Care. (PCC) Clinical dashboard to ensure service plans coming up for review are completed in a timely manner. This review will be done monthly.

4. How will the facility monitor that the deficient practice is being corrected and will not reoccur? (Including frequency of monitoring, person responsible, and a completion date

DON/designee will ensure that General Service plans (GSP) are complete and updated upon admission and to stay in compliance with all policy and procedures as well as state regulations. DON/Designee will also Review and amended GSP/ Health service plans on a quarterly basis to make sure both resident and community representative gave signed off on updates. The administrator will monitor to ensure that any outstanding GSP/ HSP plans will be updated every time there is a new admit and ensure completion of care plans on a monthly basis to ensure compliance.

Completion date: 7/15/2025



— Approved 7/22/25

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION (Y2)	DATE OF REVISIT (Y3)
04A005	A. Building B. Wing	7/22/2025

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 Reg. # 8:36-3.4(a)(1) LSC	Correction Completed 07/15/2025	ID Prefix A0401 Reg. # 8:36-4.1(a)(22) LSC	Correction Completed 07/15/2025	ID Prefix A0621 Reg. # 8:36-5.18(a)(1) LSC	Correction Completed 07/15/2025
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

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	
4/23/2025	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO