

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 07/17/2024
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 #: NJ00175490 CENSUS: 77 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			
A1205	8:36-17.3(a)(10) Housekeeping-Sanitation-Safety-Maintenance (a) The housekeeping and sanitation conditions in paragraphs 1 through 12 below shall be met. Application of this requirement with respect to the individual living environment shall take into consideration residents' personal preferences for style of living: 10. Effective and safe controls shall be used to minimize and eliminate the presence of rodents, flies, roaches and other vermin in the facility;	A1205			

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

TITLE

(X6) DATE

07/31/24

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 07/17/2024
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
A1205	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: NJ00175490</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure that an effective pest control program was in place to eliminate the presence of pests in the facility for 2 out of 3 residents reviewed for the presence of pest in their apartments, Resident #'s 2 and 3. This deficient practice was evidenced by the following:</p> <p>On 7/17/2024 at 9:40 a.m., during a complaint survey, the surveyor interviewed the facility's Maintenance Director (MD), who stated that bug and pest extermination request from residents and staff were written on logs that were kept at the facility's front desk. At that time, the surveyor requested the extermination request logs.</p> <p>At 9:44 a.m., the facility's MD provided the surveyor with three binders. The binders contained logs titled, "BED BUG REPORT", "ROACHES AND OTHER PEST REPORT, and MAINTENANCE LOG". Surveyor review of the logs titled, "BED BUG REPORT," revealed that on 3/2/2024 and 4/4/2024, Resident #3 reported having bed bugs. The log titled, "ROACHES AND OTHER PEST REPORT," revealed that on NJ ex order 28.4b1, Resident #3 requested mouse traps.</p> <p>At 11:20 a.m., the surveyor interviewed Resident #3, who stated that the mouse bait traps that the facility's MD put in his/her apartment did not work, and that the facility would not provide the resident with the sticky mouse traps that do work. During</p>	A1205			

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 07/17/2024
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
A1205	<p>Continued From page 2</p> <p>continued surveyor interview, Resident #3 stated that Resident #1 purchased sticky mouse traps for Resident #3, and that the sticky mouse traps had been successful. Resident #3 also stated that the last mouse found in his/her room was found on the morning of the survey, 7/17/2024. Resident #3 presented the surveyor with a picture of a mouse on a sticky trap.</p> <p>The surveyor reviewed Resident #3's Medical Record (MR), which included a document titled, "ADMISSION RECORD", which indicated an admission date of [REDACTED] and diagnoses which [REDACTED] NJ ex order 26.4b1</p> <p>At 11:32 a.m., the surveyor interviewed Resident #2, who stated that the facility [REDACTED] NJ ex order 26.4b1 although the facility has made some progress. Resident #2 also stated that the facility provided traps were not effective and that he/she purchased sticky mouse traps from the local dollar store that were effective.</p> <p>The surveyor reviewed Resident #2's Medical Record (MR) which included a document titled, "ADMISSION RECORD", and indicated an admission date of [REDACTED] and diagnoses which included [REDACTED] NJ ex order 26.4b1</p> <p>The surveyor reviewed the pest control services reports from January 2024 through June 2024. The reports indicated the facility had pest activities throughout the entire facility. According to surveyor review of the extermination request logs from January 2024 through June 2024, there were complaints of bed bugs, roaches, and mice reported throughout the facility.</p>	A1205		

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 07/17/2024
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	
A1205	Continued From page 3 At 12:32 p.m., the surveyor interviewed the facility's MD who stated that there was an ongoing process of exterminating bed bugs, roaches, and mice from the facility.	A1205			

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 04A005	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 8/28/2024
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 A1205	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-17.3(a)(10)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/05/2024	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	
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 7/17/2024		<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			