

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 03/06/2025
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NAME OF PROVIDER OR SUPPLIER BENTLEY COMPREHENSIVE CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7999 NORTH ROUTE 130 PENNSAUKEN, NJ 08110
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A 000	<p>Initial Comments</p> <p>Initial Comments: TYPE OF SURVEY: Complaint</p> <p>COMPLAINT #: NJ00183691, NJ00184052, NJ00184112</p> <p>CENSUS: 99</p> <p>SAMPLE SIZE: 4</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. 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		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(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>	A 310		

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

TITLE

(X6) DATE

04/30/25

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #'s : NJ00183691, NJ00184052</p> <p>Based on observation, interview and record review, it was determined that the Administrator failed to ensure the implementation and enforcement of a facility policy regarding documentation of medication administration, for 2 of 4 residents reviewed, Resident #2 and Resident #4. This deficient practice was evidenced by the following:</p> <p>1. On 3/3/25 at 2:25 p.m., the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), (a form utilized to report health care incidents to the NJDOH), with a "Date of Event" of [REDACTED], and a "Time of Event" of [REDACTED] which revealed that a facility resident, Resident #2, was [REDACTED]</p> <p>[REDACTED]. The [REDACTED] were called and they [REDACTED], and there were [REDACTED]. The FRE further indicated that Resident #2 would have a [REDACTED] and the facility would follow up with a [REDACTED].</p> <p>On 3/6/25 at 10:15 a.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that Resident #2 moved into the facility on [REDACTED], and had a diagnosis of [REDACTED]. The surveyor additionally observed a [REDACTED] (PN) dated</p>	A 310		
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A 310	<p>Continued From page 2</p> <p>NJ Exec Order 26.4, which revealed Resident #2 was on NJ Exec Order 26.4b1 in the past for NJ Exec Order 26.4b1, and wanted to resume the NJ Exec Order 26.4b1 to help with NJ Exec Order 26.4b1.</p> <p>2. On 2/21/25 at 3:28 p.m., the NJDOH received an FRE, with a "Date of Event" of NJ Exec Order 26.4b1 and a "Time of Event" of NJ Exec Order 26.4b1 which revealed that a facility resident, Resident #4, was NJ Exec Order 26.4b1 and 911 was called. The FRE further indicated that Resident #4 was NJ Exec Order 26.4b1.</p> <p>On 3/6/25, at 10:33 a.m., the surveyor reviewed Resident #4's MR which revealed Resident #4 moved into the facility on NJ Exec Order 26.4b1 and had diagnoses that included NJ Exec Order 26.4b1.</p> <p>At 9:43 a.m., during entrance conference with the Executive Director (ED), the surveyor requested access to the Electronic Medical Records (EMR), and copies of paper MRs, which included the Medication Administration Records (MAR) for Resident #2 and Resident #4.</p> <p>At 11:14 a.m., the surveyor interviewed a facility Licensed Practical Nurse (LPN), who identified herself as the nursing supervisor on the 7:00 a.m.- 3:00 p.m. shift, who verified that the MAR's were documented on paper, and not in the EMR. The surveyor again requested the MARs for Resident #2 and Resident #4. The LPN stated that she would check with the Unit Clerk (UC) who handled the discharged paper charts regarding Resident #4's MAR.</p> <p>At 1:55 p.m., the UC provided the surveyor with the MARs for Resident #2 and Resident #4.</p>	A 310		

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A 310	<p>Continued From page 3</p> <p>At 2:05 p.m. the surveyor reviewed Resident #2's MAR and observed that the documentation for the administration of NJ Exec Order 26.4b1 that was due at , was circled on the dates of NJ Exec Order 26.4b1</p> <p>The surveyor reviewed Resident #4's MAR dated NJ Exec Order 26.4b1, and observed that the documentation was circled for the following medications which were due at NJ Exec Order 26.4b1</p> <p>NJ Exec Order 26.4b1</p> <p>The surveyor observed that there was no documentation for medication administration at NJ Exec Order 26.4b1; or for NJ Exec Order 26.4b1</p> <p>The surveyor reviewed Resident #4's MAR dated NJ Exec Order 26.4b1 and observed that the documentation was circled or missing for the following medications which were due at NJ Exec Order 26.4b1</p> <p>NJ Exec Order 26.4b1</p>	A 310		

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A 310	<p>Continued From page 4</p> <p>NJ Exec Order 26.4b1</p> <p>The surveyor further observed that the documentation was circled or missing for the following medications which were due at 6:00 p.m.:</p> <p>NJ Exec Order 26.4b1</p> <p>At 2:10 p.m., the surveyor interviewed the facility LPN and inquired about the circled and/or missing documentation on Resident #2 and Resident #4's MARs, and she stated that meant the medications were not given on those dates for some reason. The LPN further explained that if a resident did not come for their medications, the nursing staff was supposed to look for the resident, and ask them to come to the nursing office to receive their medications.</p> <p>During continued surveyor interview, the LPN stated that if a medication was not given, the staff should documented the reason why on the back of the MAR.</p> <p>The surveyor reviewed the back of Resident #2's MAR which revealed that there was no documentation to reflect why Resident #2 had not received the NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed the back of Resident #4's MARs for the months of NJ Exec Order 26.4b1, which revealed documentation on the date of NJ Exec Order 26.4b1 that Resident #4 did not come for his/her medications, and that the 6:00 a.m. medication were not given. There was no</p>	A 310		
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A 310	<p>Continued From page 5</p> <p>other documentation on the back of the MARs that reflected the reasons why medications were not given to Resident #4 on the other dates.</p> <p>On 3/7/25 at 10:10 a.m., during phone interview with the facility Director of Nursing (DON), the surveyor inquired about the circled and missing signatures on Resident #4's MARs, and she stated that she was unaware that Resident #4 NJ Exec Order 26.4b1 The DON further stated that when a medication was not given that the reason should be documented on the back of the MAR.</p> <p>On 3/7/25 at 9:00 a.m., the surveyor reviewed a facility policy titled, "Documentation of Medication Administration," which revealed the following:</p> <p>"Policy For the safety of the residents and continuity of care, it is of the utmost importance that medications be administered as prescribed and documented appropriately and consistently....</p> <p>2. After proper administration, medication staff will initial the appropriate space in the MAR (Medication Administration Record)</p> <p>3. Complete an addendum note in the MAR or Point Click Care (EMR) if a medication is refused or not given, with a reason for the decision.</p> <p>4. Include residents who did not receive medications (during the shift) in the 24-Hour Report...."</p>	A 310		
A 693	<p>8:36-7.1(a) Resident Assessments and Care Plans</p> <p>(a) Upon admission, each resident shall receive an initial assessment by a registered professional nurse to determine the resident's needs.</p>	A 693		

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A 693	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #'s : NJ00183691, NJ00184052</p> <p>Based on observation, interview and record review, it was determined the facility failed to ensure that an initial assessment by a Registered Nurse (RN) was completed to determine the resident's needs for 1 of 4 residents reviewed, Resident #4. This deficient practice was evidenced by the following:</p> <p>On 2/21/25 at 3:28 p.m., the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), (a form utilized to report health care incidents to the NJDOH), with a "Date of Event" of [redacted], and a "Time of Event" of [redacted] which revealed that a facility resident, Resident #4, was NJ Exec Order 26.4b1 [redacted] and 911 was called. The FRE further indicated that Resident #4 was NJ Exec Order 26.4b1 [redacted]</p> <p>On 3/6/25, at 10:33 a.m., the surveyor reviewed Resident #4's medical record (MR), which revealed Resident #4 moved into the facility on [redacted], and had diagnoses that included NJ Exec Order 26.4b1 [redacted]</p> <p>At 9:43 a.m., during entrance conference with the Executive Director (ED), the surveyor requested access to the Electronic Medical Record (EMR), and copies of paper MRs.</p> <p>At 11:14 a.m., the surveyor interviewed a facility Licensed Practical Nurse (LPN), who identified herself as the nursing supervisor on the 7:00 a.m.</p>	A 693		

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A 693	<p>Continued From page 7</p> <p>- 3:00 p.m. shift. The surveyor inquired where the resident assessments were located and the LPN stated that everything was documented in the EMR, which included the resident RN assessments.</p> <p>At 12:23 p.m., the ED provided the paper MR for Resident #4 and stated that there wasn't too much information in the file as Resident #4 had NJ Ex Order 26.4b1. The surveyor reviewed Resident #4's EMR and paper MR, which revealed no initial assessment by a RN to determine Resident #4's needs.</p> <p>On 3/7/25 at 9:00 a.m., the surveyor reviewed an undated facility policy titled, "Initial Assessments" which revealed the following: "Policy Each resident will be assessed by a registered nurse upon admission to determine any health care needs. Procedure guideline 1. Upon admission, each resident shall receive an initial assessment by a registered professional nurse to determine the resident's needs...."</p>	A 693		
A 695	<p>8:36-7.1(b) Resident Assessments and Care Plans</p> <p>(b) If this initial assessment indicates the resident has general service needs, a general service plan shall be developed within 14 days of the resident's admission.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00184052</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to</p>	A 695		

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A 695	<p>Continued From page 8</p> <p>ensure that a general service plan (GSP) was developed for 1 of 4 residents reviewed, Resident #2. This deficient practice is evidenced by the following:</p> <p>On 3/1/25, the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) which indicated that Resident #2 created a NJ Exec Order 26.4b1 environment which made other residents NJ Exec Order 26.4b1. The FRE detailed in the report that Resident #2 NJ Exec Order 26.4b1 in the main dining room and NJ Ex Order 26.4b1 were called and NJ Exec Order 26.4b1 from the resident. The Executive Director (ED) reported that no residents NJ Ex Order 26.4b1, and Resident #2 NJ Exec Order 26.4b1.</p> <p>On 3/6/25, the surveyor conducted a survey to investigate the FRE at the facility.</p> <p>At 10:40 a.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that Resident #2 was admitted in NJ Exec Order 26.4b1, with diagnoses that included NJ Exec Order 26.4b1.</p> <p>Upon review of Resident #2's MR, the surveyor observed a Progress Note written by the Director of Nursing (DON) or NJ Exec Order 26.4b1, which revealed, resident NJ Ex Order 26.4b1 day, an assessment was completed and the resident stated that he/she was on NJ Exec Order 26.4b1, couldn't remember the dosage or frequency, and the resident also mentioned that he/she was on NJ Exec Order 26.4b1. Resident gave permission and signed to have medical records released from the treating health system, so the facility could confirm his/her medications.</p> <p>Another PN dated NJ Exec Order 26.4b1 written by</p>	A 695		
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A 695	<p>Continued From page 9</p> <p>a Certified Medication Aide/Tech, revealed: "The resident NJ Exec Order 26.4b1 [REDACTED]. DON aware NJ Exec Order 26.4b1 [REDACTED] were called and came out to assess the scene. The resident NJ Exec Order 26.4b1 [REDACTED] .."</p> <p>At 10:45 a.m., the ED provided the surveyor with Resident #2's paper chart. Upon further review of Resident #2's MR and paper chart, the surveyor observed that there was no GSP for Resident #2; however, the surveyor observed that under the "Tasks" tab in the EMR, the task titled, "NJ Exec Order 26.4b1 [REDACTED]" was initiated on NJ Exec Order 26.4b1 [REDACTED]. The surveyor observed no additional interventions or explanations in Resident #2's MR that correlated with the "NJ Ex Order 26.4b1 [REDACTED]" task.</p> <p>At 11:17 a.m., the surveyor interviewed a Licensed Practical Nurse (LPN) and inquired about where GSPs were located. The LPN stated that all residents' GSPs were located in the EMR.</p> <p>On 3/6/25 at 11:02 a.m., the surveyor requested Resident #2's GSP from the ED. The surveyor was not provided with Resident #2's GSP and requested the GSP from the ED again at 12:44 p.m. The surveyor was not provided with Resident #2's GSP by the completion of the survey.</p> <p>The surveyor reviewed an undated facility policy titled, "GENERAL SERVICE PLAN" which indicated, "...PROCEDURE GUIDELINE 1. A General Service Plan is completed, in conjunction with the Service Level Worksheet and Resident Assessment prior to or upon move-in; at thirty (30) days; as changes in condition warrant and/or when the resident or family member requests</p>	A 695		
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A 695	Continued From page 10 additional services ... 3. Documentation in the resident's record shall indicate review and any necessary revision of the resident service plan ... 5. Our facility shall be responsible for reassessing residents who have neither a general service or health service plan in response to changes in the resident's functional and/or cognitive status at least annually and more frequently is such reassessment is predicated on a change in the resident's functional and/or cognitive status ..."	A 695		
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; 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.	A 735		

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A 735	<p>Continued From page 11</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00184052</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to develop a health service plan (HSP) for 1 of 4 residents reviewed, Resident #2. This deficient practice is evidenced by the following:</p> <p>On 3/1/25, the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE) which indicated that Resident #2 created a NJ Exec Order 26.4b1 [REDACTED]. The FRE detailed in the report that Resident #2 had a NJ Exec Order 26.4b1 [REDACTED] in the main dining room and NJ Exec Order 26.4b1 [REDACTED] were called and NJ Exec Order 26.4b1 [REDACTED] from the resident. The Executive Director (ED) reported that no residents NJ Ex Order 26.4b1 [REDACTED], and Resident #2 NJ Exec Order 26.4b1 [REDACTED].</p> <p>On 3/6/25, the surveyor conducted a survey to investigate the FRE at the facility.</p> <p>At 10:40 a.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that Resident #2 was admitted in NJ Exec Order 26.4b1 [REDACTED] with diagnoses that included NJ Exec Order 26.4b1 [REDACTED].</p> <p>Upon review of Resident #2's MR, the surveyor observed a Progress Note written by the Director of Nursing (DON) on NJ Exec Order 26.4b1 [REDACTED] which revealed, resident was NJ Ex Order 26.4b1 [REDACTED], an assessment was completed and the resident stated that he/she was on NJ Exec Order 26.4b1 [REDACTED], couldn't remember the dosage or frequency, and the resident also mentioned that he/she was on NJ Exec Order 26.4b1 [REDACTED]. Resident</p>	A 735		
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A 735	<p>Continued From page 12</p> <p>gave permission and signed to have medical records released from the treating health system, so the facility could confirm his/her medications.</p> <p>Another PN dated NJ Exec Order 26.4b1, written by a Certified Medication Aide/Tech, revealed: "The resident NJ Exec Order 26.4b1 DON aware. NJ Ex Order 26.4b1 were called and came out to assess the scene. The resident NJ Exec Order 26.4b1</p> <p>At 10:45 a.m., the ED provided the surveyor with Resident #2's paper chart. Upon further review of Resident #2's MR and paper chart, the surveyor observed that there was no GSP for Resident #2; however, the surveyor observed that under the "Tasks" tab in the EMR, the task titled, NJ Ex Order 26.4b1 " was initiated on NJ Exec Order 26.4b1 The surveyor observed no additional interventions or explanations in Resident #2's MR that correlated with the NJ Ex Order 26.4b1 task.</p> <p>On 3/6/25 11:17 a.m., the surveyor interviewed a Licensed Practical Nurse (LPN) and inquired about if Resident #2 had an HSP. The LPN stated that she did not know what an HSP was, therefore she would not know if Resident #2 had one.</p> <p>At 12:18 p.m., the surveyor reviewed Resident #2's NJ Exec Order 26.4b1 dated on NJ Exec Order 26.4b1 which revealed, " ...The final agreement reached by all parties... [Resident #2 is] committing to looking into attending NJ Exec Order 26.4b1] 3-5 times per week to help gain the NJ Exec Order 26.4b1 ..."</p> <p>Additionally, the surveyor reviewed Resident #2's</p>	A 735		
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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 03/06/2025
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NAME OF PROVIDER OR SUPPLIER BENTLEY COMPREHENSIVE CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7999 NORTH ROUTE 130 PENNSAUKEN, NJ 08110
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(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 13</p> <p>NJ Exec Order 26.4b1 dated on NJ Exec Order 26.4b1 which revealed, "...The final agreement reached by all parties ... will require [Resident #2] to go to NJ Ex Order 26.4b1 per week to help gain the tools needed to acclimate..."</p> <p>At 12:22 p.m., the surveyor reviewed Resident #2's NJ Exec Order 26.4b1 evaluation Note" dated NJ Exec Order 26.4b1 which revealed, "[Resident #2] presented with significant NJ Exec Order 26.4b1 ... The patient was advised to follow up for further evaluation and management of [his/her] NJ Exec Order 26.4b1."</p> <p>On 3/7/25 at 10:16 a.m., the surveyor interviewed the DON and inquired about the status of Resident #2. The DON explained that Resident #2 NJ Exec Order 26.4b1 and they were in the NJ Exec Order 26.4b1 him/her in the NJ Exec Order 26.4b1.</p> <p>On 3/6/25 at 11:02 a.m., the surveyor requested Resident #2's HSP from the ED. The surveyor was not provided with Resident #2's HSP and requested the HSP from the ED again at 12:44 p.m. The surveyor was not provided with Resident #2's HSP by the completion of the survey.</p> <p>The surveyor reviewed an undated facility policy titled, "HEALTH CARE ASSESSMENT AND HEALTH SERVICE PLAN" which indicated, "POLICY Our facility will assess the health care needs of each resident... PROCEDURE GUIDELINES ... a health care assessment shall be completed within fourteen (14) days of admission by a registered professional nurse using an assessment instrument to include at a minimum, but not limited to, evaluation of the</p>	A 735		

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A 935	<p>Continued From page 15</p> <p>by: Complaint #'s : NJ00183691, NJ00184052</p> <p>Based on observation, interview, and record review, it was determined the facility failed to ensure that medications were accurately administered and documented in accordance with prescriber orders, for 2 of 4 residents reviewed, Resident #2 and Resident #4. This deficient practice was evidenced by the following:</p> <p>1.) On 3/3/25 at 2:25 p.m., the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), (a form utilized to report health care incidents to the NJDOH), with a "Date of Event" of [REDACTED], and a "Time of Event" of [REDACTED] which revealed that a facility resident, Resident #2, was [REDACTED] [REDACTED] in the facility's main dining room. The [REDACTED] were called and they [REDACTED] [REDACTED]. The FRE further indicated that Resident #2 would have a [REDACTED] and the facility would follow up with a [REDACTED] t.</p> <p>On 3/6/25 at 10:15 a.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that Resident #2 moved into the facility on [REDACTED], and had a diagnosis of [REDACTED]. The surveyor additionally observed a [REDACTED] note (PN) dated [REDACTED], which revealed Resident #2 was on [REDACTED] in the [REDACTED] and wanted to [REDACTED] [REDACTED]</p> <p>2.) On 2/21/25 at 3:28 p.m., the New Jersey Department of Health (NJDOH) received a</p>	A 935		
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A 935	<p>Continued From page 16</p> <p>Facility Reportable Event (FRE), (a form utilized to report health care incidents to the NJDOH), with a "Date of Event" of [REDACTED] NJ Exec Order 26.4b1, and a "Time of Event" of [REDACTED] NJ Exec Order 26.4b1 which revealed that a facility resident, Resident #4, NJ Exec Order 26.4b1 [REDACTED], and 911 was called. The FRE further indicated that Resident #4 was [REDACTED] NJ Exec Order 26.4b1 [REDACTED].</p> <p>On 3/6/25, at 10:33 a.m., the surveyor reviewed Resident #4's medical record (MR) which revealed Resident #4 moved into the facility on [REDACTED] NJ Exec Order 26.4b1, and had diagnoses that included [REDACTED] NJ Exec Order 26.4b1 [REDACTED].</p> <p>At 9:43 a.m., during entrance conference with the Executive Director (ED), the surveyor requested access to the Electronic Medical Record (EMR), and copies of paper medical records (MR), which included the Medication Administration Records (MAR) for Resident #2 and Resident #4.</p> <p>At 11:14 a.m., the surveyor interviewed a facility Licensed Practical Nurse (LPN), who identified herself as the nursing supervisor on the 7:00 a.m.- 3:00 p.m. shift, who verified that the MAR's were documented on paper, and not in the Electronic Medical Record (EMR). The surveyor again requested the MARs for Resident #2 and Resident #4. The LPN stated that she would check with the Unit Clerk who handled the discharged paper charts regarding Resident #4's MAR.</p> <p>At 1:18 p.m., the surveyor interviewed a facility employee who identified herself as the Unit Clerk (UC), the Staffing Coordinator, and stated that she also took care of the medical supplies and</p>	A 935		
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A 935	<p>Continued From page 17</p> <p>medical records. The UC stated that she had a large pile of discharge paper work to go through, but that she was looking for the MAR for Resident #4.</p> <p>At 1:55 p.m., the UC provided the surveyor with the MARS for Resident #2 and Resident #4.</p> <p>At 2:05 p.m. the surveyor reviewed Resident #2's MAR and observed that the documentation for the administration of NJ Exec Order 26.4b1 [REDACTED], that was due at NJ Exec Order 26.4b1 [REDACTED].</p> <p>The surveyor reviewed Resident #4's MAR for the months of NJ Exec Order 26.4b1, and observed multiple circled initials and missing documentation.</p> <p>The surveyor reviewed Resident #4's MAR dated NJ Exec Order 26.4b1, and observed that the documentation was circled for the following medications which were due at 6:00 a.m., on the dates of NJ Exec Order 26.4b1:</p> <p>NJ Exec Order 26.4b1 [REDACTED]</p> <p>The surveyor observed that there was no documentation for medication administration at NJ Exec Order 26.4b1 [REDACTED]</p>	A 935		
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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 03/06/2025
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A 935	<p>Continued From page 18</p> <p>The surveyor reviewed Resident #4's MAR dated NJ Exec Order 26.4b1 and observed that the documentation was circled or missing for the following medications which were due at NJ Exec Order</p> <p>NJ Exec Order 26.4b1</p> <p>The surveyor further observed that the documentation was circled or missing for the following medications which were due at 6:00 p.m.:</p> <p>NJ Exec Order 26.4b1</p> <p>At 2:10 p.m., the surveyor interviewed the facility LPN and inquired about the circled and/or missing documentation on Resident #2 and Resident #4's MARs, and she stated that meant the medications were not given on those dates for some reason. The LPN further explained that if a resident did not come for their medications, that the nursing staff was supposed to look for the resident, and ask them to come to the nursing office to receive their medications.</p> <p>During continued surveyor interview, the LPN stated that if a medication was not given, the staff should documented the reason why on the back of the MAR. The LPN further stated that she was under the impression that Resident #4 was</p>	A 935		
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A 935	<p>Continued From page 19</p> <p>coming to the nursing office for his medication, and was unaware his/she was not receiving the medications.</p> <p>The surveyor reviewed the back of Resident #2's MAR which revealed that there was no documentation to reflect why Resident #2 had not received the NJ Exec Order 26.4b1</p> <p>The surveyor reviewed the back of Resident #4's MARs for the month of NJ Exec Order 26.4b1 which revealed documentation on the date of NJ Exec Order 26.4b1, that Resident #4 did not come for his/her medications, and that the NJ Exec Order 26.4b1 medication were not given. There was no other documentation on the back of the MAR's that reflected the reasons why medication was not given to Resident #4 on the other dates.</p> <p>On 3/7/25 at 10:10 a.m., during phone interview with the facility Director of Nursing (DON), the surveyor inquired about the circled and missing signatures on Resident #4's MARs, and she stated that she was unaware that Resident #4 had not received his/her medications. The DON further stated that when a medication was not given that the reason should be documented on the back of the MAR. The DON further stated possible reasons a medication was circled included that a resident was not available, out of the building, or was refusing their medication.</p> <p>The DON further stated that when a medication was not given to a resident, the reason should be documented on back of the MAR, which is what should have been done.</p> <p>On 3/7/25 at 9:00 a.m., the surveyor reviewed a facility policy titled, "Documentation of Medication Administration," which revealed the following:</p>	A 935		

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A 935	Continued From page 20 "Policy For the safety of the residents and continuity of care, it is of the utmost importance that medications be administered as prescribed and documented appropriately and consistently.... 2. After proper administration, medication staff will initial the appropriate space in the MAR (Medication Administration Record) 3. Complete an addendum note in the MAR or Point Click Care (EMR) if a medication is refused or not given, with a reason for the decision. 4. Include residents who did not receive medications (during the shift) in the 24-Hour Report..."	A 935		
A 937	8:36-11.5(a) Pharmaceutical Services (a) The administration of medications is within the scope of practice and remains the responsibility of the registered professional nurse. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00183691, NJ00184052 Based on observation, interview and review of records, it was determined that the facility Registered Nurse (RN), failed to ensure the responsibility of accurate administration and documentation of medication to 2 of 4 facility residents reviewed, Resident #2 and Resident #4. This deficient practice was evidenced by the	A 937		

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A 937	<p>Continued From page 21</p> <p>following:</p> <p>1. On 3/3/25 at 2:25 p.m., the New Jersey Department of Health (NJDOH) received a Facility Reportable Event (FRE), (a form utilized to report health care incidents to the NJDOH), with a "Date of Event" of [redacted], and a "Time of Event" of [redacted] which revealed that a facility resident, Resident #2, [redacted] [redacted], in the facility's main dining room. The [redacted] were called and they [redacted]. The FRE further indicated that Resident #2 would have a [redacted] and the facility would follow up with a [redacted].</p> <p>On 3/6/25 at 10:15 a.m., the surveyor reviewed Resident #2's medical record (MR), which revealed that Resident #2 moved into the facility on [redacted], and had a diagnosis of [redacted]. The surveyor additionally observed a [redacted] note (PN) dated [redacted], which revealed Resident #2 was on [redacted].</p> <p>2. On 2/21/25 at 3:28 p.m., the NJDOH received an FRE, with a "Date of Event" of [redacted], and a "Time of Event" of [redacted], which revealed that a facility resident, Resident #4, was found [redacted], and 911 was called. The FRE further indicated that Resident #4 [redacted].</p> <p>On 3/6/25, at 10:33 a.m., the surveyor reviewed Resident #4's MR which revealed Resident #4</p>	A 937		
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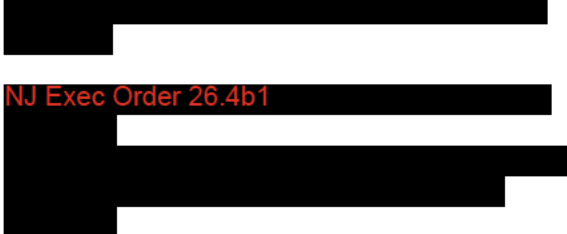
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A 937	<p>Continued From page 22</p> <p>moved into the facility on ^{NJ Exec Order 26}, and had diagnoses that included [REDACTED]</p> <p>At 9:43 a.m., during entrance conference with the Executive Director (ED), the surveyor requested access to the Electronic Medical Record (EMR), and copies of paper medical records (MR), which included the Medication Administration Records (MAR) for Resident #2 and Resident #4.</p> <p>At 11:14 a.m., the surveyor interviewed a facility Licensed Practical Nurse (LPN), who identified herself as the nursing supervisor on the 7:00 a.m.- 3:00 p.m. shift, who verified that the MAR's were documented on paper, and not in the EMR. The surveyor again requested the MARs for Resident #2 and Resident #4. The LPN stated that she would check with the Unit Clerk who handled the discharged paper charts regarding Resident #4's MAR.</p> <p>At 1:18 p.m., the surveyor interviewed a facility employee who identified herself as the Unit Clerk (UC), the Staffing Coordinator, and stated that she also took care of the medical supplies and medical records. The UC stated that she had a large pile of discharge paper work to go through, but that she was looking for the MAR for Resident #4.</p> <p>At 1:55 p.m., the UC provided the surveyor with the MARS for Resident #2 and Resident #4.</p> <p>At 2:05 p.m. the surveyor reviewed Resident #2's MAR and observed that the documentation for the administration of ^{NJ Exec Order 26.4b1}, that was due at [REDACTED] 5.</p>	A 937		
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A 937	<p>Continued From page 23</p> <p>The surveyor reviewed Resident #4's MAR for the months of NJ Exec Order 26.4b1 and observed multiple circled initials and missing documentation.</p> <p>The surveyor reviewed Resident #4's MAR dated NJ Exec Order 26.4b1 and observed that the documentation was circled for the following medications which were due at NJ Exec Order 26.4b1 on the dates of NJ Exec Order 26.4b1</p> <p>NJ Exec Order 26.4b1 )</p> <p>The surveyor observed that there was no documentation for medication administration at NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed Resident #4's MAR dated NJ Exec Order 26.4b1, and observed that the documentation was circled or missing for the following medications which were due at NJ Exec Order 26.4b1</p> <p>NJ Exec Order 26.4b1 </p>	A 937		

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A 937	<p>Continued From page 24</p> <p>The surveyor further observed that the documentation was circled or missing for the following medications which were due at 6:00 p.m.:</p> <p>NJ Exec Order 26.4b1 [REDACTED]</p> <p>At 2:10 p.m., the surveyor interviewed the facility LPN and inquired about the circled and/or missing documentation on Resident #2 and Resident #4's MARs, and she stated that meant the medications were not given on those dates for some reason. The LPN further explained that if a resident did not come for their medications, that the nursing staff was supposed to look for the resident, and ask them to come to the nursing office to receive their medications.</p> <p>During continued surveyor interview, the LPN stated that if a medication was not given, the staff should documented the reason why on the back of the MAR. The LPN further stated that she was under the impression that Resident #4 was coming to the nursing office for his medication, and was unaware his/she was not receiving the medications.</p> <p>The surveyor reviewed the back of Resident #2's MAR which revealed that there was no documentation to reflect why Resident #2 had not received the NJ Exec Order 26.4b1</p> <p>The surveyor reviewed the back of Resident #4's MARs for the month of NJ Exec Order 26.4b1 which revealed documentation on the date of NJ Exec Order 26.4b1 at NJ Exec Order 26.4b1 that Resident #4 did not come for</p>	A 937		
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(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 937	<p>Continued From page 25</p> <p>his/her medications, and that the 6:00 a.m. medication were not given. There was no other documentation on the back of the MAR's that reflected the reasons why medication was not given to Resident #4 on the other dates.</p> <p>On 3/7/25 at 10:10 a.m., during phone interview with the facility Director of Nursing (DON), the surveyor inquired about the circled and missing signatures on Resident #4's MARs, and she stated that she was unaware that Resident #4 had not received his/her medications. The DON further stated that when a medication was not given that the reason should be documented on the back of the MAR. The DON further stated possible reasons a medication was circled included that a resident was not available, out of the building, or was refusing their medication.</p> <p>The DON further stated that when a medication was not given to a resident, the reason should be documented on back of the MAR, which is what should have been done.</p> <p>On 3/7/25 at 9:00 a.m., the surveyor reviewed a facility policy titled, "Documentation of Medication Administration," which revealed the following:</p> <p>"Policy For the safety of the residents and continuity of care, it is of the utmost importance that medications be administered as prescribed and documented appropriately and consistently....</p> <ol style="list-style-type: none"> 2. After proper administration, medication staff will initial the appropriate space in the MAR (Medication Administration Record) 3. Complete an addendum note in the MAR or Point Click Care (EMR) if a medication is refused or not given, with a reason for the decision. 4. Include residents who did not receive medications (during the shift) in the 24-Hour 	A 937		

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 03/06/2025
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NAME OF PROVIDER OR SUPPLIER BENTLEY COMPREHENSIVE CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7999 NORTH ROUTE 130 PENNSAUKEN, NJ 08110
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(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 937	Continued From page 26 Report...."	A 937		
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 #: NJ 00184112</p> <p>Based on observation, interview, and record review it was determined that the facility failed to ensure a Registered Nurse (RN) documented resident care and assessments in the medical record (MR) for 1 of 4 residents, Resident #3 as evidenced by the following:</p> <p>On 3/6/25 at 9:24 a.m., the surveyor requested access to resident electronic MR from the Business Manager.</p> <p>At 10:45 a.m., the surveyor reviewed Resident #3's electronic MR that revealed the resident was admitted to the program in [redacted] with the diagnoses of NJ Exec Order 26.4b1 [redacted]. In addition, the surveyor reviewed the resident's paper MR that revealed only the resident's Physician's Certification dated for [redacted] that included a resident history and physical for approval to be admitted into the program. The surveyor also reviewed a hospital discharge summary dated for [redacted] that revealed the resident visited the hospital on [redacted] and was discharged on NJ Exec Order 26.4b1 of [redacted]</p>	A1505		

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 03/06/2025
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NAME OF PROVIDER OR SUPPLIER BENTLEY COMPREHENSIVE CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7999 NORTH ROUTE 130 PENNSAUKEN, NJ 08110
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(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
A1505	<p>Continued From page 27</p> <p>NJ Exec Order 26.4b1.</p> <p>During continued MR review, the surveyor observed that there was no documentation reflected in the electronic or paper MR that indicated an initial nursing assessment was completed nor nursing documentation regarding resident's care visit to the hospital on NJ Exec Order 26.4b1.</p> <p>At 11:14 a.m., the surveyor interviewed the Supervisor of Nursing who was a Licensed Practical Nurse (LPN) regarding nursing documentation. The LPN stated that nursing documented in the electronic MR and paper MR.</p> <p>On 3/7/25 at 10:07 a.m., the surveyor interviewed the Director of Nursing (DON) via telephone regarding nursing documentation. The DON stated that she documented notes and assessments in the electronic and paper MR. In addition, the DON stated that the facility was in the middle of merging the paper MR into the electronic MR system, and if documentation was not located in the electronic MR, it could be found in the paper MR.</p> <p>During surveyor interview with the DON, she stated that Resident #3 was sent out to the hospital on NJ Exec Order 26.4b1 and returned to the facility on NJ Exec Order 26.4b1. In addition, the DON stated that assessments and nursing documentation was completed for Resident #3 but was not placed in the MR until after this survey or NJ Exec Order 26.4b1.</p> <p>The surveyor reviewed the facility policy and procedure titled, "Initial Assessments" which indicated "... Each resident will be assessed by a registered nurse upon admission to determine any health care needs. ...Upon admission, each resident shall receive an initial assessment by a</p>	A1505		

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 03/06/2025
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NAME OF PROVIDER OR SUPPLIER BENTLEY COMPREHENSIVE CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7999 NORTH ROUTE 130 PENNSAUKEN, NJ 08110
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A1505	Continued From page 28 registered professional nurse to determine the resident's needs. ..." References: N.J.A.C. 8:36 Standards for Licensure of Assisted Living Residences... A1073-8:36-15.6(b), A0693-8:36-7.1(a), A0745-8:36-7.2(f)	A1505		

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

Complaint Survey dated 03/06/2025

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

Nursing staff will be re-educated (will be completed by 5/15/25) by our Contracted RN & Licensed Administrator regarding the facilities policy and procedure for documentation of medication administration. Resident #2 is currently residing in the facility but is out due to NJ Ex Order 26.4b1. Resident #4 no longer is a resident here NJ Ex 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

Director of Nursing (DON) or designee will ensure proper medication documentation procedure in-service (will be completed by 5/15/25) is given to all nursing staff engaged in medication administration for residents. LPN or med-tech will be educated to monitor the MARS every three days for residents not coming down. RN or designee shall audit weekly for missing signatures. Residents will be educated of the facility policy and importance of coming down for all meds to their perspective med stations.

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 the documentation of medication administration are completed and stay in compliance with all policies and procedures as well as state requirements. DON/Designee will audit all MARS weekly for 3 months then quarterly, bring findings to Quality Assurance.

Completion date: 5/15/2025

Accepted 5/14/25

St- A 693 8:36-7.1(a) Resident Assessments and Care Plans (a) Upon admission, each resident shall receive an initial assessment by a registered professional nurse to determine the residents' needs.

1 Immediate Correction of Deficiency

The Director of Nursing (DON) was given an in-service by our Contracted RN & Licensed Administrator, (will be completed by 5/15/25) on the need to ensure all assessments and care

plans which include at minimum evaluation of the need for assistance with activities of daily living, cognitive communication/hearing patterns, vision patterns, physical functioning, and structural problems, continence, Psychosocial well-being, mood and behavior problems, activity pursuit patterns, disease diagnoses health conditions and preventative health, oral/nutrition status, oral/dental status, skin conditions, medication use, and outside service utilization. Resident #4 no longer resides in the community. NJ Ex Order 26.4b1 | 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

DON will in-service on an ongoing basis all nursing personnel engaged in care planning for resident needs. This will be completed by 5/15/25 by DON. DON/designee will use PCC Clinical dash board to stay on top of Service plans coming up for review to ensure timely completion or review.

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 by the 14th day of admission and to stay in compliance with all policy and procedures as well as state regulations. DON/Designee will also audit all amended GSP/ Health service plans (HSP) 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 audit completion of care plans on an ongoing basis to ensure compliance.

Completion date: 5/15/2025

Accepted 5/14/25

St- A 695 8:36-7.1(b) Resident Assessments and Care Plans (b) If this initial assessment indicates the resident has general service needs, a general service plan shall be developed within 14 days of the resident admission.

1 Immediate Correction of Deficiency

DON was re-educated 3/4/2025 by the Administrator regarding the facilities policy and procedure for General Service Plans. Resident #2 currently resides in the facility but is out due 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

DON will ensure this in-service is given to all nursing personnel engaged in care planning for resident needs. This will be completed by 5/15/25 DON. DON/designee will use PCC Clinical dash board to stay on top of Service plans coming up for review to ensure timely completion or review.

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 are complete and updated by the 14th day of admission and to stay in compliance with all policy and procedures as well as state regulations. DON/Designee will also audit all 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 audit completion of care plans on a monthly basis to ensure compliance.

Completion date: 5/15/2025

Accepted 5/14/25

St- 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 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

DON was re-educated 3/4/2025 by administrator regarding the facilities policies and procedures for Health Service Plans. Resident #2 currently resides in the facility but is **NJ Ex Order 26.4b1**

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

DON will ensure this in-service is given to all nursing personnel engaged in care planning for resident needs. This will be completed by 5/15/25 by DON. DON/designee will use PCC Clinical dash board to stay on top of Service plans coming up for review to ensure timely completion or review.

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 by admission and to stay in compliance with all policy and procedures as well as state regulations. DON/Designee will also audit all amended GSP/ Health service plans on a quarterly basis to

Rec'd POC # 3 5/19/25
Accepted



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 audit completion of care plans on a monthly basis to ensure compliance.

Completion date: 5/15/2025 Accepted 5/14/25

St- A 935 8:36-11.4(b) Pharmaceutical Services (b) All medications shall be administered by qualified personnel in accordance with prescriber orders, facility or program policy, manufacturer's requirements, cautionary or accessory warnings, and all Federal and State laws and regulations.

1 Immediate Correction of Deficiency

Nursing staff will be re-educated and this will be completed by 5/15/2025 by our Contracted RN & Licensed Administrator regarding the facilities policy and procedure for documentation of medication administration. Resident #2 currently resides in the facility but is [redacted] NJ Ex Order 26.4b1

[redacted] NJ Ex Order 26.4b1 Resident #4 no longer is a resident here, [redacted] NJ Ex Order 26.4b1

2. Residents with the potential to be affected

All residents have the potential to be affected who receive med management from our staff

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

Director of Nursing (DON) or designee will in-service all nursing staff and completed by 5/15/25 who are engaged in medication administration for residents, ensuring policies, Dr's prescribing orders and times are adhered to. LPN or med-tech will be educated to monitor the MARS every three days for residents not coming down. RN or designee shall audit weekly for missing signatures. Residents will be educated of the facility policy and importance of coming down for all meds to their perspective med stations.

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 the documentation of medication administration are completed and stay in compliance with all policies and procedures as well as state requirements. DON/Designee will audit all MARS weekly for 3 months then quarterly, bring findings to bi-weekly nursing clinical meetings.

Completion date: 5/15/2025 Accepted 5/14/25

St- A 937 8:36-11.5 (a) Pharmaceutical Services (a) The administration of medication is within the scope of practice and remains the responsibility of the registered professional nurse.

1 Immediate Correction of Deficiency

Nursing staff will be re-educated (will be completed by 5/15/2025) by our Contracted RN & Licensed Administrator regarding the facilities policy and procedure for documentation of medication administration. Also making sure that if taken it was signed off on and if not, it was



circled and on the back an explanation was provided and reasoning. Resident #2 currently resides in the facility but is out NJ Ex Order 26.4b1 Resident #4 no longer is a resident here, NJ Ex Order 26.4b1 NJ Exec Order 26.4b1

2. Residents with the potential to be affected

All residents have the potential to be affected who receive med management from our staff

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

Director of Nursing (DON) or designee will in-service all nursing staff (will be completed by 5/15/2025) engaged in medication administration for residents, ensuring they know proper documentation procedures and explaining why if it was not. LPN or med-tech will be educated to monitor the MARS every three days for residents not coming down. RN or designee shall audit weekly for missing signatures. Residents will be educated of the facility policy and importance of coming down for all meds to their perspective med stations.

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 audit monthly to ensure the documentation of medication administration are completed and in compliance with all policies and procedures. DON/Designee will bring findings to Quality Assurance. Executive Director will review bi-weekly during nursing clinical meets.

Completion date: 5/15/2025 accepted 5/14/25 JF

St- A 1505 8:36-23.3 (a) Assisted Living Programs (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.

1 Immediate Correction of Deficiency

DON was re-educated (will be completed by 5/15/2025) by the administrator regarding the facilities policy and procedure for Documentation of resident care and assessments in the medical record when residents come back from the hospital or upon any change in condition. Resident #3 still resides in the facility, 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

DON will ensure this in-service (will be completed by 5/15/2025) is given to all nursing personnel engaged in documentation of resident care and assessments in PCC. DON/Designee will do weekly checks of all new move-ins, admitted, readmitted residents to ensure assessments are done.

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 audit monthly to ensure that Documentation of resident care and assessments are completed and in compliance with company and state policies. ED will review bi-weekly during nursing clinical meets.

Completion date: 5/15/2025

accepted 5/14/25 DP

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 04A005	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 5/15/2025	Y3
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 A0310	Correction	ID Prefix A0693	Correction	ID Prefix A0695	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-7.1(a)	Completed	Reg. # 8:36-7.1(b)	Completed
LSC	05/15/2025	LSC	05/15/2025	LSC	05/15/2025
ID Prefix A0735	Correction	ID Prefix A0935	Correction	ID Prefix A0937	Correction
Reg. # 8:36-7.2(e)(1-5)	Completed	Reg. # 8:36-11.4(b)	Completed	Reg. # 8:36-11.5(a)	Completed
LSC	05/15/2025	LSC	05/15/2025	LSC	05/15/2025
ID Prefix A1505	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-23.3(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	05/15/2025	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 <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 3/6/2025		<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		