

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 05/22/2025
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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 000	<p>Initial Comments</p> <p>Initial Comments: Type of Survey: Complaint</p> <p>Complaint #: NJ 00186107</p> <p>Census: 112</p> <p>Sample Size: 3</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

New Jersey Department of Health

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00186107</p> <p>Based on interview and record review it was determined that the facility Administrator failed to ensure enforcement of its policy and procedures titled, "Reporting and Notification, Qualification of Professional Nurses, Reportable Events, Resident Record, Resident Rights, and Posting and Distribution of Statement of Client Rights" for an incident requiring Emergency Medical Services (EMS) for 1 of 3 residents, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 5/22/25 at 9:45 a.m., the surveyor reviewed the closed electronic medical record (EMR) of Resident #2 which revealed that the resident was admitted to the program in NJ Ex Order 26.4b1 and discharged in NJ Ex Order 26.4b1) with diagnoses of NJ Ex Order 26.4b1 .</p> <p>During EMR review, the surveyor noted that on NJ Ex Order 26.4b1 at 2:19 p.m., a Licensed Practical Nurse (LPN) documented that Resident #2 was reported as being NJ Ex Order 26.4b1 and did not NJ Ex Order 26.4b1 . After several attempts, Resident #2 NJ Ex Order 26.4b1 into the nursing office where the resident became NJ Ex Order 26.4b1 a treatment to NJ Ex Order 26.4b1) was administered and 911 (EMS) was called.</p> <p>At 11:40 a.m., the surveyor requested Resident</p>	A 310		
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A 310	<p>Continued From page 2</p> <p>#2's closed paper MR from the Administrator. The Administrator stated that he was unable to locate the resident's closed paper MR. In addition, the Administrator stated that the staff member who maintained the records was not working on the day of survey on 5/22/25.</p> <p>At 1:22 p.m., the DON was not available for interview in person or via telephone on the day of the survey 5/22/25.</p> <p>At 1:34 p.m., the surveyor interviewed the Administrator regarding the [redacted] incident and notification to the DOH. The Administrator stated that he was not employed at the facility during the incident and was unaware if DOH was notified. In addition, the Administrator stated that the main office may have documentation of DOH notification but was unable to provide any documented evidence.</p> <p>While reviewing the EMR, the surveyor noted that there was no documentation that indicated the Registered Nurse (RN) was notified of the incident where the resident [redacted], to arrange for follow up care, treatment, and interventions to ensure resident safety and prevent future occurrences.</p> <p>In addition, there was no documentation identified in the EMR that indicated the residents Physician was notified of the resident's [redacted]</p> <p>The surveyor reviewed the facility policy and procedure titled, "Reporting and Notification" which revealed "...All incidents that happen to ...residents after the RN has left the Residence shall be relayed to the Administrator and/or designee. If the situation is an emergency, the</p>	A 310		

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A 310	<p>Continued From page 3</p> <p>RN shall be notified via phone. ..."</p> <p>In addition, the surveyor reviewed the facility policy and procedure titled, "Qualifications of Professional Nurses" which revealed "...The Registered Professional Nurse or a physician shall be called at the onset of illness of any client to arrange for assessment of the client's nursing care needs or medical needs and for needed nursing care interventions and/or medical care. ..."</p> <p>The surveyor also reviewed the facility policy and procedure titled, "Reportable Events" which revealed "...The [Program] shall notify the Department of Health ...immediately [for] ...Any serious accident, ...or incident occurs which involves the ...resident ..."</p> <p>Additionally, the surveyor reviewed the facility policy titled, "Resident Record" which revealed " ... All records shall be available for review at any time by representatives of the Department of Health."</p> <p>The surveyor reviewed the policy and procedure titled "Resident Rights" which revealed that the resident had "The right to live in safe ...conditions ..."</p> <p>In addition, the surveyor reviewed the facility policy and procedure titled, "Posting and Distribution of Statement of Client Rights" which revealed " ...the assisted living program: To provide personalized services and care to meet the client's needs; ..."</p> <p>References: A1505, 8:36-23.3(a), A1051, 8:36-15.2, A0401, 8:36-4.1(a)(22)</p>	A 310		

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A 401	Continued From page 4	A 401		
A 401	<p>8:36-4.1(a)(22) Resident Rights</p> <p>(a) Each assisted living provider will 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:</p> <p style="padding-left: 40px;">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;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00186107</p> <p>Based on interview and record review it was determined that the facility failed to initiate intervention(s) to ensure resident safety following an incident that required Emergency Medical Services (EMS) for 1 of 3 residents, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 5/22/25 at 9:45 a.m., the surveyor reviewed the closed electronic medical record (EMR) of Resident #2 which revealed that the resident was admitted to the program in NJ Ex Order 26.4b1 and discharged in NJ Ex Order 26.4b1 with diagnoses of NJ Ex Order 26.4b1.</p> <p>During EMR review, the surveyor noted that on NJ Ex Order 26.4b1 at 2:19 p.m., a Licensed Practical Nurse</p>	A 401		

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A 401	<p>Continued From page 5</p> <p>(LPN) documented that Resident #2 was reported as being NJ Ex Order 26.4b1 and did NJ Ex Order 26.4b1. After several attempts, Resident #2 responded and was NJ Ex Order 26.4b1 and NJ Ex Order 26.4b1 and 911 (EMS) was called.</p> <p>While reviewing the EMR, the surveyor noted that there was no documentation that indicated the Registered Nurse (RN) was notified of the incident where the resident was NJ Ex Order 26.4b1 arrange for follow up assessment and treatment, coordination of care, referral to other providers, and initiate interventions to ensure resident safety and prevent reoccurrence.</p> <p>Upon further review of the EMR, the surveyor noted that there was no documentation that reflected the resident's Physician was notified of the NJ Ex Order 26.4b1 incident where the resident was found NJ Ex Order 26.4b1 along with the NJ Ex Order 26.4b1.</p> <p>However, the surveyor noted a late entry documented on NJ Ex Order 26.4b1 at 10:29 a.m., by a Nurse Practitioner (NP) which revealed that the resident was examined for NJ Ex Order 26.4b1, but there was no documentation that indicated the NP was informed or aware of the NJ Ex Order 26.4b1 incident.</p> <p>At 11:40 a.m., the surveyor interviewed the Administrator regarding the NJ Ex Order 26.4b1 incident where the resident was NJ Ex Order 26.4b1 by the LPN and EMS. The Administrator stated that he was not employed at the facility on NJ Ex Order 26.4b1 and that the</p>	A 401		
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A 401	<p>Continued From page 6</p> <p>LPN no longer worked at the facility.</p> <p>At 12:00 p.m., the surveyor reviewed Resident #2's "Service Plan (SP)" dated [redacted] NJ Ex Order 26.4b1, which revealed the resident was seen at [redacted] NJ Ex Order 26.4b1. However, there was no initiated intervention(s) noted in the SP following the [redacted] NJ Ex Order 26.4b1 incident, that addressed monitoring of resident safety following an episode of [redacted] NJ Ex Order 26.4b1 and EMS.</p> <p>At 1:22 p.m., the DON was not available for interview in person or via telephone to on the day of the survey 5/22/25.</p> <p>The surveyor reviewed the policy and procedure titled "Resident Rights" which revealed that the resident had "The right to live in safe ...conditions ..."</p> <p>In addition, the surveyor reviewed the facility policy and procedure titled, "Posting and Distribution of Statement of Client Rights" which revealed " ...the assisted living program: To provide personalized services and care to meet the client's needs; ..."</p> <p>The surveyor also reviewed the facility policy and procedure titled, "Qualifications of Professional Nurses" which revealed "...The Registered Professional Nurse or a physician shall be called at the onset of illness of any client to arrange for assessment of the client's nursing care needs or medical needs and for needed nursing care interventions and/or medical care. ..."</p> <p>Reference: 8:36-23.3(a) A1505</p>	A 401		

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A1051	<p>8:36-15.2 Resident Records</p> <p>The records required by this subchapter shall be maintained for all residents and shall be kept available on the premises for review at any time by representatives of the Department.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00186107</p> <p>Based on interview and record review, it was determined that the facility failed to ensure all records were available for surveyor review for 1 of 3 residents. Resident #2. This deficient practice was evidenced by the following:</p> <p>On 5/22/25 at 9:24 a.m., the surveyor interviewed the Administrator regarding access to resident medical records (MR). The Administrator stated that the resident MR were both electronic and paper. The surveyor at that time requested access to the electronic MR and was granted access.</p> <p>At 11:40 a.m., the surveyor requested Resident #2's closed paper MR from the Administrator. The Administrator stated that he was unable to locate the resident's closed paper MR. In addition, the Administrator stated that the staff member who maintained the records was not working on the day of survey on 5/22/25.</p> <p>The surveyor reviewed the facility policy titled, "Resident Record" which revealed " ... All records shall be available for review at any time by representatives of the Department of Health."</p>	A1051		

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A1051	Continued From page 8 Reference: 8:36-23.3(a) A1505	A1051		
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 00186107</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to provide documented evidence that a Registered Nurse (RN), Administrator, Physician, and the Department of Health (DOH) were notified of resident incident that required Emergency Medical Services (EMS) for 1 of 3 residents, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 5/22/25 at 9:45 a.m., the surveyor reviewed the closed electronic medical record (EMR) of Resident #2 which revealed that the resident was admitted to the program in [redacted] and discharged [redacted] with diagnoses of [redacted].</p> <p>During EMR review, the surveyor observed that on [redacted] at 2:19 p.m., a Licensed Practical Nurse (LPN) documented that Resident #2 was reported as [redacted]. After several attempts, Resident #2 [redacted] and was</p>	A1505		

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A1505	<p>Continued From page 9</p> <p>NJ Ex Order 26.4b1 [REDACTED] and 911 (EMS) was called.</p> <p>In addition, the LPN also documented that the Emergency Medical Team assessed the resident, "Yet before transferring the resident to the gurney Resident #2 NJ Ex Order 26.4b1 [REDACTED] to the Emergency Room (ER) for further evaluation."</p> <p>While reviewing the EMR, the surveyor did not observe any documentation that indicated a RN, Administrator, or the resident Physician was notified for further assessment and treatment.</p> <p>At 11:19 a.m., the surveyor interviewed a Certified Medication Aide (CMA) who worked on NJ Ex Order 26.4b1 [REDACTED] regarding the incident where the resident was found NJ Ex Order 26.4b1 [REDACTED]. The CMA stated that on NJ Ex Order 26.4b1 [REDACTED] the resident was NJ Ex Order 26.4b1 [REDACTED] and the LPN who worked at the time NJ Ex Order 26.4b1 [REDACTED] exam room for further evaluation. In addition, the CMA stated that the resident NJ Ex Order 26.4b1 [REDACTED] with EMS, and NJ Ex Order 26.4b1 [REDACTED] go to the ER.</p> <p>During interview with the CMA, the surveyor inquired what the procedure was for resident incidents/accidents or change in condition. The CMA stated that the Director of Nursing (DON/RN), Administrator, and Physician were usually notified of any incidents/accidents. However, the CMA stated that she was not aware if the LPN who worked at the time, notified the DON and Administrator of the NJ Ex Order 26.4b1 [REDACTED] incident</p>	A1505		
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A1505	<p>Continued From page 10</p> <p>where the resident [redacted] NJ Ex Order 26.4b1 and EMS.</p> <p>At 11:30 a.m., the surveyor interviewed the LPN Supervisor regarding the [redacted] NJ Ex Order 26.4b1 incident where Resident #2 required Narcan and EMS. The Supervisor stated that she was not aware of the incident. In addition, the surveyor interviewed the Supervisor regarding notification procedures. The Supervisor stated that the DON would be notified of any resident incident or change in condition, and then the DON would notify the Administrator and the Physician.</p> <p>At 11:40 a.m., the surveyor interviewed the Administrator regarding the [redacted] NJ Ex Order 26.4b1 incident where the resident was found [redacted] NJ Ex Order 26.4b1 by the LPN and EMS. The Administrator stated that he was not employed at the facility on [redacted] NJ Ex Order 26.4b1 and that the LPN no longer worked at the facility.</p> <p>At 1:22 p.m., the DON was not available for interview in person or via telephone on the day of survey, 5/22/25.</p> <p>At 1:34 p.m., the surveyor interviewed the Administrator regarding the [redacted] NJ Ex Order 26.4b1 incident and notification to the DOH. The Administrator stated that since he was not employed at the facility during the incident he was not aware if the DOH was notified. In addition, the Administrator stated that the main office may have documentation of DOH notification but was unable to provide any documented evidence. The Administrator also provided the surveyor with the facility Incident and Reportable binder (a record used to maintain records of facility reported events (FRE) to DOH for review.</p> <p>During review of the Reportable binder, the</p>	A1505		
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A1505	<p>Continued From page 11</p> <p>surveyor did not observe any FRE for the <small>NJ Ex Order 26.4b1</small>, incident where Resident #2 became NJ Ex Order 26.4b1 with EMS.</p> <p>The surveyor reviewed the facility policy and procedure titled, "Reporting and Notification" which revealed "...All incidents that happen to ...residents after the RN has left the Residence shall be relayed to the Administrator and/or designee. If the situation is an emergency, the RN shall be notified via phone. ..."</p> <p>In addition, the surveyor reviewed the facility policy and procedure titled, "Qualifications of Professional Nurses" which revealed "...The Registered Professional Nurse or a physician shall be called at the onset of illness of any client to arrange for assessment of the client's nursing care needs or medical needs and for needed nursing care interventions and/or medical care. ..."</p> <p>The surveyor also reviewed the facility policy and procedure titled, "Reportable Events" which revealed "...The [Program] shall notify the Department of Health ...immediately [for] ...Any serious accident, ...or incident occurs which involves the ...resident ..."</p> <p>References: N.J.A.C. 8:36 A0779, 8:36-7.5(c), A0781, 8:36-7.5(d), A0563, 8:36-5.10(a)(2)</p>	A1505		

POC # 4 9/18/25 Rcd
accepted



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

Complaint Survey dated 05/22/2025

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 were re-educated by the RN consultant on the policy titled “ Reporting and Notification, Qualifications of Professional Nurses, Reportable Events, Resident Records, resident rights, and posting and distribution of statement of Client rights. For an incident requiring emergency medical services (EMS). (Education was completed on 8/5/25). All staff were reeducated by the Director of Nursing (DON) on proper procedures of notification of the RN whenever something happens. (Education was completed on 8/5/25). All staff were reeducated by the Director of Nursing (DON) on proper procedures of documentation of an incident. (Education was completed on 8/5/25). Resident #2 **NJ Ex 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 (Education was completed on 8/5/25). All staff were reeducated by the Director of Nursing (DON) on proper procedures of notification of the RN whenever something happens. (Education was completed on 8/5/25). The Administrators were re-educated by the RN consultant on the policy titled “ Reporting and Notification, Qualifications of Professional Nurses, Reportable Events, Resident Records, resident rights, and posting and distribution of statement of Client rights. For an incident requiring emergency medical services (EMS). (Education was completed on 8/5/25). The administrator/ designee will monitor monthly for proper documentation of incident reporting. The administrator/ designee will monitor monthly the reportable binder. Upon hiring and yearly all staff are in serviced on facility policy and procedure manual.

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 administrator/ designee will monitor monthly for proper documentation of incident reporting.

The Director of Nursing/Designee will Inservice and educate all staff on the policy and procedures regarding incident reports and the proper notification of an RN.

The Director of Nursing/Designee will monitor incident reports and notification of RNs monthly to ensure the deficient practice does not recur for three consecutive months.

Completion date: 09/30/2025

accepted 9/18/25 

St- A 401 8:36-4.1(a)(22) Resident 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.

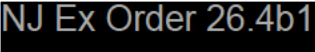
1 Immediate Correction of Deficiency

All staff were reeducated by the Director of Nursing (DON) on proper procedures of notification of the RN whenever something happens. (Education was completed on 8/5/25).

All staff were reeducated by the Director of Nursing (DON) on proper procedures of documentation of an incident. (Education was completed on 8/5/25).

All staff were reeducated by the Director of Nursing (DON) on proper procedures of notification of the Doctor whenever something happens. (Education was completed on 8/5/25).

The Director of Nursing (DON) was re-educated by the RN consultant on the Policy and procedure of updating service plans. (Education was completed on 8/5/25).

Resident#2 

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

All staff were reeducated by the Director of Nursing (DON) on proper procedures of notification of the RN whenever something happens. (Education was completed on 8/5/25).

All staff were reeducated by the Director of Nursing (DON) on proper procedures of documentation of an incident. (Education was completed on 8/5/25).

All staff were reeducated by the Director of Nursing (DON) on proper procedures of notification of the Doctor whenever something happens. (Education was completed on 8/5/25).

The Director of Nursing (DON) was re-educated by the RN consultant on the Policy and procedure of updating service plans. (Education was completed on 8/5/25).

The Human Resources Director/Designee was appointed to monitor proper procedures of notification of the RN for all incidents and the proper procedures of documentation of the incident. A monthly audit will be conducted by the Human Resources Director/Designee to ensure the deficient practices will not recur for three consecutive months.

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 upon any change in condition to stay in compliance with all policy and procedures as well as state regulations. 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 Director of Nursing/Designee will monitor chart audits monthly for three consecutive months 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 ensure that all staff is documenting appropriately on all occurrences of issues by monitoring chart audits monthly for three consecutive months.

The administrator/ designee will monitor the DON for complete compliance monthly.

Completion date: 8/5/2025

accepted
9/18/25



St- A 1051 8:36-15.2 Resident records

The records required by this subchapter shall be maintained for all residents and shall be kept available on the premises for review at any time by representatives of the Department of Health.

1 Immediate Correction of Deficiency

The administrators were re-in serviced by the Consultant RN Proper storage of closed or thinned residents charts on 08/05/25 for Resident #2's closed paper medical record.

The DON was re in serviced by the Consultant RN Proper storage of closed or thinned residents charts on 08/05/25 for Resident #2's closed paper medical record.

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 were re-in serviced by the Consultant RN Proper storage of closed or thinned residents charts on 08/05/25.

The DON was re-in serviced by the Consultant RN Proper storage of closed or thinned residents charts on 08/05/25.

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

The Administrator/Designee will conduct an audit and monitor monthly for three consecutive months to ensure that closed medical records have been organized by the medical records clerk/Designee.

Completion date: 09/30/2025

accepted 9/18/25

NJ Ex Order 26.4b1

St- A 1505 8:36-23.3(a) Each assisted living program shall comply with the applicable provisions in. N.J.A.C . 8:36-1 though 11,13,15 and 23

Providing the proper procedure of documenting the notification of Registered Nurse (RN), Administrators, Physician, and the Department of Health. (DOH) of all resident incidences that require emergency medical services, (EMS).

1 Immediate Correction of Deficiency

The Director Of Nursing (DON) reeducated all staff on the proper procedure of documenting the notification of Registered Nurse (RN), Administrators, Physician, and the Department of Health. (DOH) of all resident incidences that require emergency medical services, (EMS) on 08/05/25 for Resident #2.

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 Director Of Nursing (DON) reeducated all staff on the proper procedure of documenting the notification of Registered Nurse (RN), Administrators, Physician, and the Department of Health. (DOH) of all resident incidences that require emergency medical services, (EMS). The Administrator and DON was educated and in-serviced by the Administrator Consultant on the proper procedure of documenting and notifying all incident reports and Reportable Events on 08/19/25 and 08/20/25 respectively.

Upon hiring and yearly, all staff are in serviced on the proper policy and procedures of documenting and notifying all incident reports and Reportable Events

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

The director of nursing (DON) will monitor all incidents that occur for proper documentation and also proper notification of all parties needed. To ensure accountability, the Administrator/Designee will in addition monitor all incidents requiring proper documentation and incident procedures monthly.

Completion date: 8/20/2025

accepted
9/18/25

NJ Ex Order 26.4b1

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 04A005	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 5/22/2025
Y1	Y2	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 A0401	Correction	ID Prefix A1051	Correction
Reg. # 8:36-3.4(a)(1)	Completed	Reg. # 8:36-4.1(a)(22)	Completed	Reg. # 8:36-15.2	Completed
LSC	09/30/2025	LSC	08/05/2025	LSC	09/30/2025
ID Prefix A1505	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-23.3(a)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	08/20/2025	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	
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 5/22/2025
 CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
 YES NO