

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 #: NJ00179833</p> <p>CENSUS: 79</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 355	<p>8:36-4.1(a)(1) Resident Rights</p> <p>comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:</p> <p>(a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences,</p> <p>1. The right to receive personalized services and care in accordance with the resident's individualized general service and/or health service plan;</p>	A 355		

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

TITLE

(X6) DATE

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 355	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00179833</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure that a resident received personalized services and care in accordance with the resident's individualized Service Plan (SP) for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following:</p> <p>On 11/26/24 at 10:35 a.m., the surveyor interviewed the Executive Director (ED) to inquire if there were any significant events that occurred at the facility in the past ^{NJ Ex Order 26. 4B1}, and the ED stated that Resident #2 ^{NJ Ex Order 26. 4B1}</p> <p>At 1:44 p.m., the surveyor interviewed the Resident Care Director (RCD) to inquire if she noticed any changes in Resident #2's ^{NJ Ex Order 26. 4B1}.</p> <p>The RCD stated that a meeting was held with herself, Resident #2, the resident's ^{NJ Ex Order 26. 4B1}, and the ED to discuss Resident #2 ^{NJ Ex Order 26. 4B1}</p> <p>^{NJ Ex Order 26. 4B1}. The RCD also stated that Resident #2 was ^{NJ Ex Order 26. 4B1} during the meeting and that Resident #2 ^{NJ Ex Order 26. 4B1}</p> <p>Additionally, the surveyor inquired if Resident #2 was monitored for any changes in ^{NJ Ex Order 26. 4B1} following the previously mentioned meeting, after the resident's transition from ^{NJ Ex Ord}</p>	A 355		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 355	<p>Continued From page 2</p> <p>NJ Ex Order 26. 4B1, and/or as the resident visited other facilities NJ Ex Order 26. 4B1. The RCD stated that she did not notice any behaviors, so she did not put any NJ Ex Order 26. 4B1 for Resident #2.</p> <p>The surveyor reviewed the Medical Record (MR) of Resident #2, who was admitted to the facility in NJ Ex Order 26. 4B1 of NJ Ex Order 26. 4B1. The surveyor reviewed Resident #2's "Service Plan," which indicated, "Resident's diagnoses will be monitored and followed," which included NJ Ex Order 26. 4B1.</p> <p>The surveyor also reviewed progress notes dated NJ Ex Order 26. 4B1, NJ Ex Order 26. 4B1, NJ Ex Order 26. 4B1, and NJ Ex Order 26. 4B1, written by the Licensed Clinical Social Worker (LCSW), which all documented, NJ Ex Order 26. 4B1.</p> <p>" All the previously mentioned notes also indicated that, "[Resident #2] NJ Ex Order 26. 4B1," however, Resident #2's SP did not indicate that the resident would attend any NJ Ex Order 26.4(b)(1).</p> <p>At 5:17 p.m., the surveyor interviewed the RCD again to inquire the reason Resident #2 was not NJ Ex Order 26. 4B1 after the LCSW documented in seven of NJ Ex Order 26. 4B1 PN from NJ Ex Order 26. 4B1 that Resident #2 was NJ Ex Order 26. 4B1. The RCD stated that she did not receive any progress notes from the LCSW until after Resident #2 NJ Ex Order 26. 4B1.</p> <p>The surveyor reviewed the facility policy titled, "Evaluation and Assessment of Resident Needs,"</p>	A 355		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 355	<p>Continued From page 3</p> <p>which indicated that each resident would receive a service evaluation with the purpose being, "to ensure appropriate services [are] provided to each resident."</p> <p>This deficient practice was identified as an imminent danger, and a removal plan was requested. The facility submitted a removal plan on 11/27/24 that was unacceptable. The surveyor requested that the facility make corrections to the removal plan.</p> <p>On 12/3/24, the facility submitted an acceptable removal plan, which indicated that the ED and RCD would review all notes for residents with psychiatric diagnoses, update their health service plan, and ensure concrete plans were in place for the implementation of interventions.</p> <p>On 1/21/25, a re-visit was conducted at the facility. The surveyor reviewed the "Service Plan" for all residents with psychiatric diagnoses and observed that the service plans were all up-to-date and that residents received services and care in accordance with the service plans.</p> <p>Refer to tag: 8:36-4.1(a)(2) A-0357</p>	A 355		
A 357	<p>8:36-4.1(a)(2) 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>2. The right to receive a level of care and services that addresses the</p>	A 357		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 357	<p>Continued From page 4</p> <p>resident's changing physical and psychosocial status;</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00179833</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to provide a resident with a level of care and services that addressed changes in his/her <u>NJ Ex Order 26. 4B1</u> [REDACTED].</p> <p>On 11/26/24 at 10:35 a.m., the surveyor interviewed the Executive Director (ED) regarding the resident <u>NJ Ex Order 26. 4B1</u> [REDACTED]. The ED stated that on <u>NJ Ex Order 26.4B1</u> [REDACTED] at 9:40 a.m., a Certified Medication Aide (CMA) entered Resident #2's apartment and <u>NJ Ex Order 26. 4B1</u> [REDACTED]. In addition, the ED stated that the CMA observed <u>NJ Ex Order 26. 4B1</u> [REDACTED] Resident #2. The ED stated that the CMA called the nurse, who then <u>NJ Ex Order 26</u> [REDACTED], and Resident #2 was <u>NJ Ex Order 26. 4B1</u> [REDACTED].</p> <p>Further, the surveyor inquired if Resident #2 <u>NJ Ex Ord</u> [REDACTED], and the ED stated that the resident had <u>NJ Ex Order 26. 4B1</u> [REDACTED], but no previous <u>NJ Ex Order 26.4(b)(1)</u> [REDACTED].</p> <p>At 11:21 a.m., the surveyor interviewed the</p>	A 357		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 357	<p>Continued From page 5</p> <p>previously mentioned CMA [redacted] Resident #2. The CMA stated that she entered Resident #2's apartment to administer the resident's medication and [redacted]. The CMA stated that she went to exit the room and heard Resident #2 [redacted]. The CMA stated that she [redacted]. The CMA stated that she asked Resident #2 [redacted]. The CMA stated that she radioed the Licensed Practical Nurse (LPN) to inform her of Resident #2's [redacted], and then went to get a nearby Certified Nursing Assistant (CNA) to sit with her (the CMA) and the [redacted].</p> <p>Additionally, the CMA stated that Resident #2 was [redacted], so the CMA asked the [redacted]. The CMA stated that when Resident #2 [redacted], the CMA and CNA both observed [redacted] Resident #2's [redacted]. The CMA stated that she asked Resident #2 [redacted]. The CMA stated that she radioed the LPN [redacted]. The CMA stated that the LPN had the front desk [redacted]. In addition, the CMA stated that Resident #2 stated that he/she [redacted]. The CMA then stated that the LPN administered [redacted], however, by the time [redacted].</p> <p>Further, the surveyor inquired if the CMA noticed</p>	A 357		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 357	<p>Continued From page 6</p> <p>any changes in Resident #2's NJ Ex Order 26. 4B1 [REDACTED]. The CMA stated that when Resident #2 NJ Ex Order 26. 4B1 [REDACTED]. In addition, the CMA stated that Resident #2 was moved NJ Ex Order 26. 4B1 [REDACTED].</p> <p>At 1:44 p.m., the surveyor interviewed the Resident Care Director (RCD) to inquire if she noticed any changes in Resident #2's NJ Ex Order 26. 4B1 [REDACTED]. The RCD stated that a meeting was held with herself, Resident #2, the resident's NJ Ex Order 26. 4B1 [REDACTED], and the ED to discuss Resident #2 NJ Ex Order 26. 4B1 [REDACTED]. The RCD stated that Resident #2 was NJ Ex Order 26.4(b)(1) [REDACTED] during the meeting and that the resident NJ Ex Order 26.4(b)(1) [REDACTED] the facility.</p> <p>The surveyor then inquired if Resident #2 was NJ Ex Order 26. 4B1 [REDACTED], after the resident's transition from NJ Ex Order 26. 4B1 [REDACTED]. The RCD stated that she did not notice any NJ Ex Order 26.4(b)(1) [REDACTED] so she did not put any NJ Ex Order 26. 4B1 [REDACTED] in place for Resident #2.</p> <p>The surveyor reviewed the Medical Record (MR) of Resident #2, who was admitted to the facility in NJ Ex Order 26. 4B1 [REDACTED]. The surveyor reviewed Resident #2's "Service Plan," which indicated, NJ Ex Order 26. 4B1 [REDACTED],</p>	A 357		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 357	<p>Continued From page 7</p> <p><i>NJ Ex Order 26. 4B1</i> [REDACTED]</p> <p>The surveyor also reviewed a Progress Note (PN) in Resident #2's Medical Record (MR) dated <i>NJ Ex Order 26.4B1</i>, written by an LPN, which documented, <i>NJ Ex Order 26. 4B1</i> [REDACTED]</p> <p>The surveyor also reviewed a PN in Resident #2's MR dated <i>NJ Ex Order 26.4B1</i>, written by the same LPN, which documented that a <i>NJ Ex Order 26. 4B1</i> [REDACTED]. The surveyor then reviewed a PN dated <i>NJ Ex Order 26.4B1</i> written by the RCD, which indicated Resident #2 was seen by the <i>NJ Ex Order 26. 4B1</i>. The surveyor did not observe any monitoring PNs related to Resident #2's <i>NJ Ex Order 26. 4B1</i>.</p> <p>The surveyor also reviewed a <i>NJ Ex Order 26. 4B1</i> PN dated <i>NJ Ex Order 26.4B1</i>, written by the <i>NJ Ex Order 26. 4B1</i> APN, which documented, <i>NJ Ex Order 26. 4B1</i> [REDACTED]. However, Resident #2 was not seen by <i>NJ Ex Order 26. 4B1</i> [REDACTED]. The PN also documented that Resident #2 was <i>NJ Ex Order 26. 4B1</i> [REDACTED].</p> <p>The surveyor reviewed a PN dated <i>NJ Ex Order 26.4B1</i> written by the Licensed Clinical Social Worker (LCSW), which documented, <i>NJ Ex Order 26. 4B1</i> [REDACTED].</p>	A 357		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 357	<p>Continued From page 8</p> <p><i>NJ Ex Order 26. 4B1</i></p> <p>[REDACTED]</p> <p>"</p> <p>The surveyor also reviewed a PN dated <i>NJ Ex Order 26.4B</i>, written by the LCSW, which documented, <i>NJ Ex Order 26.4B</i></p> <p>[REDACTED]</p> <p>"</p> <p>In addition, the surveyor reviewed a PN dated <i>NJ Ex Order 26.4B</i>, written by the LCSW, which documented, <i>NJ Ex Order 26. 4B1</i></p> <p>[REDACTED]</p> <p>"</p> <p>The surveyor reviewed a PN dated <i>NJ Ex Order 26.4B</i>, written by the LCSW, which documented, <i>NJ Ex Order 26.4B</i></p> <p>[REDACTED]</p> <p>"</p> <p>The surveyor reviewed another PN dated <i>NJ Ex Order 26.4B</i>,</p>	A 357		
-------	--	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 357	<p>Continued From page 9</p> <p>written by the LCSW, which documented, <small>NJ Ex Order 26. 4B1</small></p> <p>_____</p> <p>"</p> <p>The surveyor then reviewed a PN dated <small>NJ Ex Order 26. 4B1</small> written by the LCSW, which documented, <small>NJ Ex Order 26. 4B1</small></p> <p>_____</p> <p>"</p> <p>Lastly, the surveyor reviewed a PN dated <small>NJ Ex Order 26. 4B1</small> written by the LCSW, which documented, <small>NJ Ex Order 26. 4B1</small></p> <p>_____</p> <p>"</p> <p>At 4:38 p.m. and 5:17 p.m., the surveyor interviewed the RCD again to inquire the reason Resident #2 was not seen by <small>NJ Ex Order 26. 4B1</small></p> <p>_____. The RCD stated that the LCSW notified the LPN who was on duty that day of Resident #2's <small>NJ Ex Order 26. 4B1</small></p> <p>_____. The RCD stated that the LPN called her (the RCD) to report Resident #2's <small>NJ Ex Order 26. 4B1</small></p> <p>_____. The RCD also stated that she instructed the LPN to notify her</p>	A 357		
-------	--	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 357	<p>Continued From page 10</p> <p>(the RCD) if the [NJ Ex Order 26. 4B1] APN could not be reached. The RCD then stated that she did not receive a call back from the LPN, so she "assumed" that the LPN was able to reach the [NJ Ex Order 26. 4B1] APN.</p> <p>The surveyor then inquired if the RCD followed up on the situation when she returned to work. The RCD stated that she followed up with [NJ Ex Order 26. 4B1]. The RCD also stated that she did not [NJ Ex Order 26. 4B1] that Resident #2 was [NJ Ex Order 26. 4B1]. The surveyor inquired the reason there was no documented evidence to confirm that she (the RCD) followed up with [NJ Ex Order 26. 4B1] Resident #2, and the RCD stated that she [NJ Ex Order 26. 4B1].</p> <p>During the interview, the surveyor also inquired the reason Resident #2 was not closely monitored following the resident's report of [NJ Ex Order 26. 4B1] or after the LCSW documented in [NJ Ex Order 26. 4B1] PNs dated [NJ Ex Order 26. 4B1] through [NJ Ex Order 26. 4B1] that Resident #2 was [NJ Ex Order 26. 4B1]. The RCD stated that she did not receive any PNs from the LCSW until after Resident #2 [NJ Ex Order 26. 4B1]. The RCD stated that following Resident #2's [NJ Ex Order 26. 4B1], she requested the PNs multiple times from the LCSW because she "knew the State would come".</p> <p>The surveyor then inquired how often Resident #2 was seen by the LCSW, and the RCD stated that the resident was seen by the LCSW every [NJ Ex Order 26. 4B1]. The surveyor then inquired the reason the RCD did not request PNs from the LCSW following each visit. The RCD stated that she requested the PNs in the past but never received them, and that it was not until she submitted a complaint to the LCSW's director</p>	A 357		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 357	<p>Continued From page 11</p> <p>after Resident #2's ^{NJ Ex Order 26.4B1} [REDACTED], that she received the PNs. In addition, the surveyor showed the RCD a ^{NJ Ex Order 26.4B1} [REDACTED] PN dated ^{NJ Ex Order 26.4B1} [REDACTED], written by the ^{NJ Ex Order 26.4B1} [REDACTED] APN to inquire if she could read the service provider's handwriting, and the RCD stated that she could not.</p> <p>The surveyor reviewed the facility policy titled, "Notification of RN for Residents Change of Status," which indicated, "... The Nurse Supervisor/Charge Nurse will record in the resident's medical record [any] changes in the resident's medical condition or status."</p> <p>The RCD was not able to understand/interpret PNs from the ^{NJ Ex Order 26.4B1} [REDACTED] APN, did not receive PNs from the LCSW, and did not monitor Resident #2.</p> <p>This deficient practice was identified as an imminent danger, and a removal plan was requested. The facility submitted a removal plan on 11/27/24 that was unacceptable. The surveyor requested that the facility make corrections to the removal plan.</p> <p>On 12/3/24, the facility submitted an acceptable removal plan, which indicated that the facility would in-service all staff on the policy and procedure for reporting suicidal ideation, have staff complete a Relias training course on "signs and symptoms of depression in the elderly population, suicidal ideation, and mental issues," implement a "Crisis Protocol for Suicidal Ideation", review all notes for residents with psychiatric diagnoses and update their health service plan, and update all third party partners on expectations which included notification of the ED or RCD of any suicidal ideation or serious concerns, submission of notes within 24-hour</p>	A 357		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 357	Continued From page 12 period, and assurance that notes were clear and concise. On 1/21/25, a re-visit was conducted at the facility. The surveyor reviewed the previously mentioned in-service and Relias training and ensured that all components of the removal plan were implemented.	A 357		
A 475	8:36-5.1(h) General Requirements (h) In accordance with N.J.S.A. 26:2H-12.16 et seq., a new assisted living residence or comprehensive personal care home licensed on or after September 1, 2001, shall attain a level of occupancy by Medicaid-eligible persons of at least 10 percent of its total bed complement within three years of licensure and shall maintain this level of Medicaid occupancy thereafter. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00179833 Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to reach and maintain a level of occupancy by <u>NJ Ex Order 26, 4B1</u> of its total bed amount within three years of licensure as required. This deficient practice was evidenced by the following: On 11/26/24 at 10:10 a.m., the surveyor observed that the facility's posted license capacity was 84. At 10:35 a.m., during the entrance conference with the Executive Director (ED), the ED	A 475		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 475	<p>Continued From page 13</p> <p>confirmed that the facility's capacity was 84. The surveyor requested the number of [redacted] recipients at the facility at this time.</p> <p>At 12:14 p.m. and 1:02 p.m., the surveyor interviewed the ED, who stated that the facility had six [redacted] beds and that currently [redacted] beds were filled. The surveyor inquired the reason [redacted] persons did not account for at least [redacted] of the facility's total occupancy, and the ED stated that the facility's [redacted] beds had not been filled for "quite a while". In addition, the ED stated that [redacted] current residents were awaiting [redacted] approval.</p> <p>The ED provided the surveyor with a document titled, "[redacted] Residents as of [redacted]", which listed residents on [redacted] and residents pending [redacted]. The document indicated that the facility had three residents on [redacted] and [redacted].</p> <p>In addition, the surveyor reviewed another untitled document provided by the ED, which indicated in [redacted] of [redacted] the facility had [redacted] residents on [redacted] as well.</p> <p>At 4:38 p.m., during the exit conference, the ED stated that she did not think the facility ever had [redacted] of their beds filled with [redacted] recipients. The surveyor inquired if the facility had a waiver to occupy less than [redacted] of its total bed amount, and the ED stated that she did not think a waiver was necessary because the facility had [redacted] beds available but did not have [redacted] eligible residents to fill the beds. The ED stated that the facility's [redacted] beds had to be reserved in case they were needed by current residents who may later become [redacted] recipients. In</p>	A 475		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 475	<p>Continued From page 14</p> <p>addition, the ED stated that the facility did not accept persons with [redacted] on admission, and that residents had to have enough funds on admission to pay for [redacted] before they could switch over to [redacted].</p> <p>[redacted] of the facility's total bed amount was [redacted] beds, and the facility had [redacted] recipients.</p> <p>The surveyor reviewed the "Resident's Admission and Service Agreement," which indicated, "... The Community participates in the New Jersey Medicaid Program and endeavors to make accommodations (when available) for its Residents. The Community may accept new Residents who are Medicaid beneficiaries or existing Residents who qualify for such benefits after entering the facility ... Consistent with N.J.S.A. 26:2H-12.16, the Community will make available at least ten percent (10%) of the total beds for Medicaid-eligible Residents ... "Spending Down". Resident and Responsible Party acknowledge that the community does not control the number or allocation of Medicaid "slots" or the waiting period for receipt of a slot."</p> <p>On 1/21/25, a re-visit survey was conducted at the facility. At 10:20 a.m., during entrance conference, the surveyor interviewed the ED to inquire how many residents at the facility were [redacted]. At 10:51 a.m., the ED provided the surveyor with a list of [redacted] residents who were on [redacted]. The facility again did not meet its total bed amount of [redacted] beds. At 3:47 p.m., the surveyor interviewed the ED to inquire the reason [redacted] residents did not account for [redacted] of their total bed amount. The ED stated that after the last survey visit on 11/26/24, she spoke with corporate and</p>	A 475		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 475	Continued From page 15 marketing to discuss creating a plan to recruit more ^{NJ Ex Order 26. 4B1} residents. The surveyor then inquired if the facility implemented a plan, and the ED stated that they were ^{NJ Ex Order 26. 4B1} ."	A 475		
A 747	<p>8:36-7.2(g) Resident Assessments and Care Plans</p> <p>(g) The facility shall make reasonable effort to have documentation of services provided by outside health care professionals entered in the resident record.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00179833</p> <p>Based on interview, record review, and review of pertinent facility documents, it was determined that the facility failed to ensure documentation of the services provided to the residents by outside health care professionals, including the Licensed Clinical Social Worker (LCSW), were entered, and included in the residents' medical record for ^{NJ Ex Order 26. 4B1} [REDACTED].</p> <p>On 11/26/24, the surveyor reviewed the Medical Record (MR) of Resident #2, who was admitted to the facility in ^{NJ Ex Order 26. 4B1} [REDACTED]. The surveyor reviewed Progress Notes (PNs) dated ^{NJ Ex Order 26. 4B1} [REDACTED], ^{NJ Ex Order 26. 4B1} [REDACTED], and ^{NJ Ex Order 26. 4B1} [REDACTED], written by the LCSW, which all documented, ^{NJ Ex Order 26. 4B1} [REDACTED].</p> <p>" [REDACTED]</p>	A 747		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 747	<p>Continued From page 16</p> <p>At 5:17 p.m., the surveyor interviewed the Resident Care Director (RCD) to inquire the reason Resident #2 was not closely monitored after the LCSW documented in ^{NJ Ex Order 26} of her PNs dated ^{NJ Ex Order 26. 4B1} that Resident #2 was ^{NJ Ex Order 26. 4B1}. The RCD stated that she did not receive any PNs from the LCSW until after Resident #2 ^{NJ Ex Order 26. 4B1}. The RCD stated that following Resident #2's ^{NJ Ex Order 26}, she requested the PNs multiple times from the LCSW because she ^{NJ Ex Order 26. 4B1}".</p> <p>The surveyor then inquired if the RCD knew Resident #2 was seen by the LCSW and how often. The RCD stated that she referred Resident #2 ^{NJ Ex Order 26. 4B1}, and that the resident was seen by the LCSW every ^{NJ Ex Order 26. 4B1}. The surveyor inquired the reason the RCD did not request PNs from the LCSW following each visit. The RCD stated that she requested the PNs in the past but never received them, and that it was not until she submitted a complaint to the LCSW's Director after Resident #2's ^{NJ Ex Order 26}, that she received the PNs.</p> <p>This deficient practice was identified as an imminent danger, and a removal plan was requested. The facility submitted a removal plan on 11/27/24 that was unacceptable. The surveyor requested that the facility make corrections to the removal plan.</p> <p>On 12/3/24, the facility submitted an acceptable removal plan, which indicated that the ED and RCD would update all third-party partners on expectations including the submission of notes within a 24-hour period.</p> <p>On 1/21/25, a re-visit was conducted at the</p>	A 747		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 747	Continued From page 17 facility. The surveyor observed that recent NJ Ex Order 26. 4B1 notes from the APN were included in resident medical records. At the time of the re-visit survey, the RCD stated that there were no residents with NJ Ex Order 26. 4B1 who received NJ Ex Order 26. 4B1 with the LCSW. Refere to tag: 8:36-4.1(a)(2) A-0357	A 747		
A 763	8:36-7.4(b) Resident Assessments and Care Plans (b) A registered professional nurse shall be responsible for developing nursing practice policies and procedures and the coordination of all health care services required in the resident's health service plan. This REQUIREMENT is not met as evidenced by: Complaint #: NJ00179833 Based on interview, record review, and review of pertinent facility documents, it was determined that the Resident Care Director (RCD) failed to coordinate health care services for 1 of 3 residents reviewed, Resident #2. This deficient practice was evidenced by the following: On 11/26/24 at 10:35 a.m., the surveyor interviewed the Executive Director (ED) regarding a resident NJ Ex Order 26. 4B1 . The ED stated that on NJ Ex Order 26.4B1 at 9:40 a.m., a Certified Medication Aide (CMA) entered Resident #2's apartment and NJ Ex Order 26. 4B1 . In addition, the ED stated	A 763		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 763	<p>Continued From page 18</p> <p>that the CMA found NJ Ex Order 26. 4B1. The ED stated that the CMA called the nurse, who then NJ Ex Order 26. 4B1.</p> <p>At 1:44 p.m., the surveyor interviewed the RCD to inquire if she noticed any changes in Resident #2's NJ Ex Order 26. 4B1. The RCD stated that a meeting was held with herself, Resident #2, the resident's NJ Ex Order 26. 4B1, and the ED to discuss Resident #2 NJ Ex Order 26. 4B1.</p> <p>The RCD stated that Resident #2 was NJ Ex Order 26. 4B1.</p> <p>The surveyor inquired if Resident #2 was monitored for any changes in NJ Ex Order 26. 4B1 following the previously mentioned meeting, after the resident's NJ Ex Order 26. 4B1.</p> <p>The RCD stated that she did not notice any NJ Ex Order 26.4(b)(1) so she did not put any monitoring in place for Resident #2.</p> <p>The surveyor reviewed the Medical Record (MR) of Resident #2, who was admitted to the facility with NJ Ex Order 26. 4B1.</p> <p>The surveyor reviewed a Progress Note (PN) dated NJ Ex Order 26.4(b) written by a Licensed Practical Nurse (LPN), which documented, NJ Ex Order 26. 4B1.</p>	A 763		
-------	--	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 763	<p>Continued From page 19</p> <p>" The surveyor reviewed another PN dated [redacted] written by the same LPN, which documented that a call was placed to a [redacted] Advanced Practice Nurse (APN), and a message was left with an on-call service. The surveyor then reviewed a PN dated [redacted] written by the RCD, which indicated Resident #2 was seen by the [redacted] APN. The surveyor did not observe any monitoring PNs related to Resident #2's [redacted].</p> <p>The surveyor also reviewed a [redacted] PN dated [redacted] written by the [redacted] APN, which documented, [redacted].</p> <p>However, Resident #2 was not seen by [redacted] until 26 days after he/she [redacted]. The PN also documented that Resident #2 was [redacted].</p> <p>In addition, the surveyor reviewed progress notes dated [redacted], [redacted], [redacted], [redacted], [redacted], and [redacted] written by the Licensed Clinical Social Worker (LCSW), which all documented, [redacted].</p> <p>At 4:38 p.m. and 5:17 p.m., the surveyor interviewed the RCD again to inquire the reason Resident #2 was not seen by [redacted] until 26 days after the resident notified the facility's LCSW that he/she [redacted]. The RCD stated that the LCSW notified the LPN who was on duty that day, and that she was not present. The RCD stated that the LPN called her to report Resident #2's [redacted] and to notify her if the [redacted] APN could not be</p>	A 763		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 763	<p>Continued From page 20</p> <p>reached. The RCD then stated that she did not receive a call back from the LPN, so she "assumed" that the LPN was able to reach the NJ Ex Order 26. 4B1 APN. The surveyor then inquired if the RCD followed up on the situation when she returned to work. The RCD stated that she followed up with NJ Ex Order 26. 4B1 and spoke with the resident. The RCD also stated that she did not "feel" that Resident #2 was NJ Ex Order 26. 4B1. The surveyor inquired the reason there was no documentation to confirm that she followed up with NJ Ex Order 26. 4B1 and spoke to Resident #2, and the RCD stated that she NJ Ex Order 26. 4B1.</p> <p>During this interview, the surveyor also inquired the reason Resident #2 was not closely monitored following his/her NJ Ex Order 26. 4B1 or after the LCSW documented in NJ Ex Order 26 of her PNs from NJ Ex Order 26. 4B1 that Resident #2 was NJ Ex Order. The RCD stated that she did not receive any PNs from the LCSW until after Resident #2 NJ Ex Order 26. 4B1. The RCD stated that following Resident #2's NJ Ex Order 26, she requested the PNs multiple times from the LCSW because she "knew the State would come." The surveyor then inquired if the RCD knew Resident #2 was seen by the LCSW and how often, and the RCD stated that she referred Resident #2 to the LCSW, and that the resident was seen by the LCSW NJ Ex Order 26. The surveyor then inquired the reason the RCD did not request PNs from the LCSW following each visit. The RCD stated that she requested the PNs in the past but never received them, and that it was not until she submitted a complaint after Resident #2's NJ Ex Order 26 that she received the PNs.</p>	A 763		
-------	---	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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 763	<p>Continued From page 21</p> <p>This deficient practice was identified as an imminent danger, and a removal plan was requested. The facility submitted a removal plan on 11/27/24 that was unacceptable. The surveyor requested that the facility make corrections to the removal plan.</p> <p>On 12/3/24, the facility submitted an acceptable removal plan. The removal plan indicated that the ED and RCD would update all third-party partners who provided psychological support and services, on the facility's new expectations. These expectations included notification of the ED or RCD of any suicidal ideation or serious concerns, submission of notes within a 24-hour period, and assurance that notes were clear and concise.</p> <p>On 1/21/25, a re-visit was conducted at the facility. The surveyor reviewed recent notes from the psychiatric APN, which were clear and concise. At the time of the re-visit survey, the RCD stated that there were no residents with psychiatric diagnoses who received EX ORD " " with the LCSW. The surveyor interviewed the RCD to inquire if she communicated the facility's new expectations with the providers and if the providers were compliant. The RCD stated that she communicated with both providers individually, and that both providers had been compliant with the facility's new expectations. The RCD also stated that she was in the process of scheduling a collaborative meeting with both providers to further coordinate resident care.</p> <p>Refer to tag: 8:36-4.1(a)(2) A-0357</p>	A 763		
A1073	8:36-15.6(b) Resident Records	A1073		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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
--------------------	--	---------------	---	--------------------

A1073	<p>Continued From page 22</p> <p>(b) All assessments and treatments by health care and service providers shall be entered according to the standards of professional practice. Documentation and/or notes from all health care and service providers shall be entered according to the standards of professional practice.</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ00179833</p> <p>Based on interview and record review it was determined that the facility failed to ensure that a ^{NJ Ex Order 26. 4B1} Advanced Practice Nurse (APN) legibly documented ^{NJ Ex Order 26. 4B1} Progress Notes (PN) to confirm findings, assessments, and treatments planned and conducted. Additionally, the Resident Care Director (RCD) failed to accurately documented a resident's service plan. The facility failures and findings were noted for 2 of 3 sampled residents reviewed, Resident #1 and Resident #2. This was evidenced by the following:</p> <p>On 11/26/24, the surveyor reviewed the Medical Record (MR) of Resident #2, who was admitted to the facility in ^{NJ Ex Order 26. 4B1} [REDACTED]. The surveyor reviewed 13 ^{NJ Ex Order 26. 4B1} PN, hand-written by the ^{NJ Ex Order 26. 4B1} APN dated ^{NJ Ex Order 26. 4B1} [REDACTED], all of which contained some documentation that was indecipherable and not (not able to be read or understood) to the surveyor.</p>	A1073		
-------	--	-------	--	--

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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
--------------------	--	---------------	---	--------------------

A1073	<p>Continued From page 23</p> <p>In addition, the surveyor reviewed the MR of Resident #1, who was admitted to the facility in NJ Ex Order 26. 4B1</p> <p>The surveyor reviewed four NJ Ex Order 26. 4B1 PN, hand-written by the NJ Ex Order 26. 4B1 APN, dated NJ Ex Order 26. 4B1 through NJ Ex Order 26. 4B1, all of which contained some documentation that was indecipherable to the surveyor.</p> <p>At 4:38 p.m., the surveyor showed the RCD a NJ Ex Order 26. 4B1 PN for Resident #2 dated NJ Ex Order 26.4(b), written by the NJ Ex Order 26. 4B1 APN to inquire if she could read the service provider's handwriting, and the RCD stated that she could not.</p> <p>This deficient practice was identified as an imminent danger, and a removal plan was requested. The facility submitted a removal plan on 11/27/24 that was unacceptable. The surveyor requested that the facility make corrections to the removal plan.</p> <p>On 12/3/24, the facility submitted an acceptable removal plan, which indicated that health service plans for all residents with psychiatric diagnoses would be updated, and that notes from third party partners and providers would be "clear, concise, and legible if handwritten."</p> <p>On 1/21/25, a re-visit survey was conducted at the facility. The surveyor reviewed the most recent NJ Ex Order 26. 4B1 notes from the NJ Ex Order 26. 4B1 APN and noted that the notes were typed instead of handwritten. However, the surveyor reviewed Resident #1's service plan, which indicated, NJ Ex Order 26. 4B1</p> <p>NJ Ex Order 26. 4B1</p> <p>At 2:51 p.m., the surveyor interviewed the RCD to</p>	A1073		
-------	--	-------	--	--

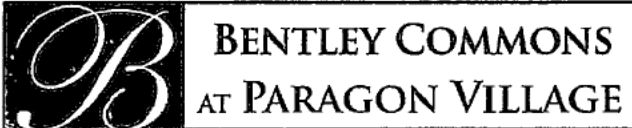
New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60A008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/21/2025
--	---	--	---

NAME OF PROVIDER OR SUPPLIER BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
---	--

(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
A1073	<p>Continued From page 24</p> <p>inquire the reason she documented that Resident #1 <i>NJ Ex Order 26. 4B1</i> [REDACTED]. The RCD stated that she meant to document was that the resident had <i>NJ Ex Order 26. 4B1</i> [REDACTED] at the time of his/her assessment.</p> <p>Additionally, the surveyor reviewed a PN in Resident #1's MR dated <i>NJ Ex Order 26.4(b)(1)</i> [REDACTED] written by a Licensed Practical Nurse (LPN), which indicated that the LPN handed the resident <i>NJ Ex Or</i> [REDACTED] water bottle, and the resident stated, <i>NJ Ex Order 26. 4B1</i> [REDACTED]."</p>	A1073		

RECEIVED 7/1/25



A Premier Senior Living Community

Plan of Correction re: State Surveys on 1/21/25
Bentley Commons at Paragon Village – 60A008
Submitted by [redacted] Executive Director/CALA

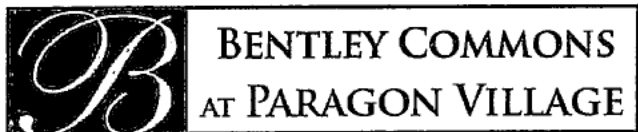
1. Deficiency A355: Resident Rights re: Health Service Plan, page 1

How corrective action will be accomplished for residents found to have been affected: Resident #2 [redacted] NJ Ex Order 26. 4B1

How will we identify other residents who have the potential to also be affected: All residents in our community have the potential to be affected.

Measures/systemic changes to ensure no recurrence of deficient practice: Between 12/2/24 and 12/5/24, the Executive Director (ED) and the Resident Care Director (RCD) reviewed all progress notes, case notes, and other documentation for each resident with confirmed psychological diagnosis. During those dates, ED and the RCD worked together to ensure that residents' Health Service Plans were updated to reflect any changes in behavior, change in mood, serious life circumstances, etc. Detailed documentation of all interventions were included, such as monitoring changes in mood and behavior, progress notes from informal "check-ins" by RCD or other staff, confirmation/tracking of resident attending community activities, missed meals, etc. In service for all nursing and aide/care staff occurred on 12/3/24 by the ED and RCD. Inservice was on "Suicide and Suicide Ideation."

The ED and RCD also established the requirement that partnering practitioners must immediately notify the ED, RCD or designee of any resident suicidal ideation or serious psychological concerns immediately, in person or by telephone. In addition, we must receive case notes from partnering practitioners within 24 hours of their visit. This will ensure swift identification of residents who need updates to their health Service plan and documented monitoring of mood or behavior changes. RCD will receive and review notes and update the health service plan as needed. ED and RCD also conducted a conference call with the psychiatric practitioner to review updated policies and expectations on 12/4/24. RCD will review health service plans weekly to ensure the interventions are completed and documented.





A Premier Senior Living Community

How will we monitor corrective actions/monitor the continued effectiveness of the systemic changes we have implemented: Beginning on 12/2/24 ED and RCD implemented quarterly reviews of all health service plans to ensure that they are congruent with any psychiatric support being provided, reflect any changes in mood or behavior, contain relevant documentation and tracking of items that were identified in the plan. ED then will review health services plans and interventions that are completed quarterly. Quarterly reviews will continue indefinitely.

Conference call with all psychiatric practitioners also will take place quarterly to review policies, expectations and updates. In addition, whenever a new practitioner joins our partnership ED, RCD or designee will have an in-person meeting to notify them of the same. Quarterly reviews of all her health service plans for congruency with psychiatry support will continue indefinitely.

Completion Date: 12/5/24 and Ongoing

ACCEPTED
7/1/25



2. **Deficiency A 357: Resident Rights re: Resident's Changing Physical and Psychosocial Status, page 4**

How corrective action will be accomplished for residents found to have been affected: Resident #2 *NJ Ex Order 26. 4B1*

How will we identify other residents who have the potential to also be affected: All residents in our community have the potential to be affected. Through outlined methods of increased staff awareness, we will swiftly and effectively address any resident *NJ Ex Order 26. 4B1* and thoroughly document all communication and interventions.

Measures/systemic changes to ensure no recurrence of deficient practice: On 12/2/24, the Executive Director (ED) and Resident Care Director (RCD) reviewed the policy and procedure for reporting any suicidal ideation communicated by a resident in the community. Between 12/3/24 and 12/6/24, Relias training "Understanding Depression and



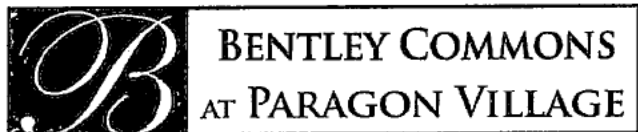
A Premier Senior Living Community

Suicide in Older Adults” was completed by all existing staff. ED and RCD created a “Crisis Protocol for Suicidal Ideation” on 12/3/24, stating that resident will be sent out for crisis evaluation after any report of suicide ideation. In-service on policy (Suicidal Ideation) and protocol mentioned above was conducted with all staff in all departments between 12/4/24 and 12/6/2024 by the ED and RCD.

The “Crisis Protocol for Suicidal Ideation” created by the ED and RCD also outlines 6 steps that the Executive Director and the RCD will follow upon residents’ return to the community.

1. Care Plan Meeting held within 24 hours
1. Partnering psychiatric service providers called to meet with resident as soon as possible
2. ED, RCD and Regional Nurse Director will determine whether a sweep of resident apartment should be conducted for potentially dangerous or harmful items
3. ED, RCD and Regional Nurse Director will determine if incremental resident safety checks should be implemented
4. ED, RCD and Regional Nurse Director will determine if a 1-1 aide is necessary to ensure safety of the resident
5. ED and RCD will consult with family/POA to review protocol and discuss long term plan

Between 12/2/24 and 12/5/24, the Executive Director (ED) and the Resident Director (RCD) reviewed all progress notes, case notes, and other documentation for each resident with confirmed psychological diagnosis. During those dates, ED and the RCD worked together to ensure that residents’ Health Service Plans were updated to reflect any changes in behavior, change in mood, serious life circumstances, etc. Established requirement on 12/2/24 on a conference call that our partnering practitioners must immediately notify ED, RCD or designee of any resident suicidal ideation or serious psychological concerns in person or by phone. In addition, we must receive case notes from partnering with practitioners within 24 hours of their visit. Communicated to our practitioners that all notes must be legible, clear and concise. The case notes are provided to RCD to be reviewed and placed in the chart. RCD then will update the health service plan as needed. RCD will review health services plans weekly to ensure the interventions are completed and documented. In the absence of RCD, the ED or a covering RCD will be notified to ensure a timely intervention takes place.



A Premier Senior Living Community

Relias training "Understanding Depression and Suicide in Older Adults" now added to required training for all new hires. Complete during initial orientation and will continue as a requirement indefinitely. In service for staff is presented quarterly through 2025 and annually thereafter. Implementation and verification of this process will be the responsibility of the Director of Business Administration (DBA), ED or designee will conduct monthly audits for the remainder of 2025 and quarterly thereafter.

How will we monitor corrective actions/monitor the continued effectiveness of the systemic changes we have implemented: Director of Business Administration will run weekly Relias transcripts to make sure that all required trainings are completed by existing and new staff. ED and RCD will monitor and ensure the "Crisis Protocol for Suicidal Ideation", and its six included steps are followed in all cases of resident suicidal ideation whenever they arise. ED and RCD will be reviewing quarterly.

Beginning on 12/2/24 ED and RCD implemented quarterly reviews of all health service plans to ensure that they are congruent with any psychiatric support being provided, reflect any changes in mood or behavior, contain relevant documentation and tracking of items that were identified in the plan. ED then will review health services plans and interventions that are completed quarterly. Quarterly reviews will continue indefinitely.

Conference call with all psychiatric practitioners also will take place quarterly to review policies, expectations and updates. In addition, whenever a new practitioner joins our partnership ED, RCD or designee will have an in-person meeting to notify them of the same. Quarterly reviews of all her health service plans for congruency with psychiatry support will continue indefinitely.

Completion Date: 12/4/24 and ongoing

Accepted 7/1/25

NJ Ex Order 26. 4B1

3. Deficiency A 475: General Requirements re: Medicaid Occupancy, page 13

How corrective action will be accomplished for residents found to have been affected: To ensure that our community reaches their NJ Ex Order 26. 4B1 requirements, on 12/2/24 ED and the Director of Business Administration (DBA) contacted the NJ Ex Order 26. 4B1 families of residents currently on our NJ Ex Order 26. 4B1. These residents have submitted their NJ Ex Order 26. 4B1 applications and are awaiting final approval. As of today NJ Ex Order 26. 4B1



A Premier Senior Living Community

residents are currently in the building on [redacted] NJ Ex Order 26. 4B1. We continue to accept residents on [redacted] NJ Ex Order 26. 4B1 to reach our community goal of [redacted] NJ Ex Order 26. 4B1.

How will we identify other residents who have the potential to also be affected: All residents in our community have the potential to be affected. The Director of Business Administration (DBA) and ED will work with [redacted] NJ Ex Order 26. 4B1 to ensure that the required [redacted] NJ Ex Order 26. 4B1 of assisted living beds are designated for [redacted] NJ Ex Order 26. 4B1 are always filled.

Measures/systemic changes to ensure no recurrence of deficient practice: It is our usual practice for the ED, Director of Community Relations (DCR) and Marketing Assistant to work together to ensure that all recruitment initiatives and documents indicate if and when we have any Medicaid bed available. ED and DCR will work together to reach and maintain 10% of Medicaid residents indefinitely.

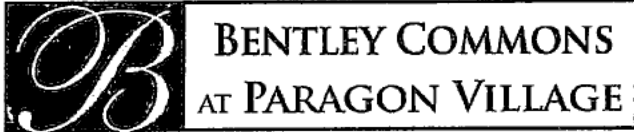
ED and DBA conduct monthly reviews of current residents who are in progress or preparing to begin the Medicaid application process. ED and DBA will then reach out to residents, family members, POA, etc. to inquire about status of their application and if they need any assistance from our staff. As of 12/2/24 the ED, DBA and the DCR began weekly meetings to strategize movement of Medicaid applicants to appropriate rooms/bedrooms, to ensure we can immediately accommodate their Medicaid approval as soon as it is finalized.

How will we monitor corrective actions/monitor the continued effectiveness of the systemic changes we have implemented: DBA and ED conduct weekly follow up with families/POA of current, approaching, pending Medicaid residents to ensure seamless and swift transition to Medicaid beds when formal approval is received. DBA and ED will also communicate with any advisors the family or POA may be working with, such as an elder law attorney or senior financial planning agency. DBA and ED will meet monthly to update overall community status of current, approaching and pending Medicaid residents and will then follow up with residents/families/ POA and confirm status and get updates. Once our Medicaid beds are completely full, we will continue to monitor monthly follow-up calls. ED will include this task in the Quality Assurance and Performance Improvement (QAPI) process.

Completion Date: Ongoing

accepted 7/1/25

[redacted] NJ Ex Order 26. 4B1



A Premier Senior Living Community

4. Deficiency A747: Resident Assessments and Care Plans re: Documentation of Outside Services, page 16

How corrective action will be accomplished for residents found to have been affected: Resident # 2 **NJ Ex Order 26. 4B1**

How will we identify other residents who have the potential to also be affected: All residents in our community have the potential to be affected.

Measures/systemic changes to ensure no recurrence of deficient practice: On 12/2/24, the ED and the RCD communicated via phone with all third-party providers of any discipline. We reiterated the expectation that all case notes on our residents must be received within 24 hours. After a 24-hour period, we will immediately document the missing case notes and notify the provider that they have not met expectations. Furthermore, all case notes must be clear, concise, and legible if handwritten. This will be a standard requirement for all third-party providers.

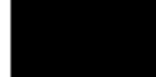
ED and RCD or designee will continue to monitor and audit resident health service plans and confirm receipt of case notes and other documentation in a timely manner, and ED will include this task in Quality Assurance and Performance Improvement (QAPI) process. RCD is to receive notes, review them, and then place them in the chart. RCD is to update health service plans if needed.

How will we monitor corrective actions/monitor the continued effectiveness of the systemic changes we have implemented: Audits of resident health service plans began 12/2/ 24 and are now ongoing tasks for ED and RCD and Regional Nursing Director and will continue indefinitely. Audits will occur monthly throughout the year 2025 and then quarterly thereafter. ED and RCD will review all Health Service Plans quarterly to ensure accurate, complete and legible case notes from psychiatric support and third-party practitioners continued indefinitely. In addition, whenever a new practitioner joins our partnership, the ED and the RCD will meet to notify them of our expectations regarding case notes and documentation. ED will include these tasks in the Quality Assurance and Performance Improvement (QAPI) process.

Completion Date: 12/4/24 and ongoing

Accepted 7/1/25

NJ Ex Order 26. 4B1





A Premier Senior Living Community

5. **Deficiency A 763: Resident Assessments and Care Plans re: Coordination of all Health Care Services in Health Care Plan, page 18**

How corrective action will be accomplished for residents found to have been affected: Resident # 2 [NJ Ex Order 26. 4B1](#)

How will we identify other residents who have the potential to also be affected: All residents have potential the be affected.

Measures/systemic changes to ensure no recurrence of deficient practice: Between 12/2/24 and 12/5/24, the Executive Director (ED) and the Resident Care Director (RCD) reviewed all progress notes, case notes, and other documentation for each a resident with confirmed psychological diagnosis. During those dates, ED and the RCD worked together to ensure that residents' Health Service Plans were updated to reflect any changes in behavior, change in mood, serious life circumstances, etc. RCD will review health services plans weekly to ensure the interventions are completed and documented.

RCD (Resident Care Director) received training from our Regional Nurse Director on 12/3/24. Topics included policy (Suicidal Ideation) review, overview of suicidal ideation and seniors, and sample case discussion. Future RCD's or registered nurses on staff will also be trained by the Regional Nursing Director or designee upon hire and annually as needed documentation of all training will be retained by the ED.

Beginning 12/2/24, RCD and ED implemented quarterly conferences with all third-party practitioners to review policy (Suicidal Ideation), expectations and updates. In addition, whenever our new practitioner joins our partnership, the ED and the RCD will have an in person meeting to notify them of the same. All clinical notes will be reviewed by the RCD, placed on the chart and update health service plans if needed.

How will we monitor corrective actions/monitor the continued effectiveness of the systemic changes we have implemented: Monthly review of sample charts will be conducted by a Regional Nursing Director, ED or designee for the remainder of 2025, and then quarterly thereafter. ED will audit charts and health service plans quarterly to ensure compliance as well. This will continue indefinitely. ED will include this task as Quality Assurance and Performance Improvement (QAPI) process.



A Premier Senior Living Community

Beginning on 12/2/24 ED and RCD implemented quarterly reviews of all health service plans to ensure that they are congruent with any psychiatric support being provided, reflect any changes in mood or behavior, contain relevant documentation and tracking of items that were identified in the plan. ED will monitor health service plans and intervention completion and ensure case notes are in resident charts. This will occur quarterly, and reviews will continue indefinitely.

Completion Date: 12/4/24 and ongoing

Accepted 7/1/25

NJ Ex Order 26. 4B1

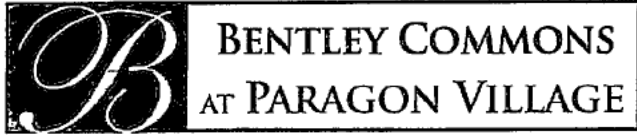
6. Deficiency A1073: Resident Records re: Documentation from all Health Care and Service Providers, page 23

How corrective action will be accomplished for residents found to have been affected: Resident #2 NJ Ex Order 26. 4B1 For resident #1, the ED (Executive Director) and the RCD (Resident Care Director) reviewed all progress notes, case notes, and other documentation in the chart, between 12/2/24 and 12/4/24. ED and RCD worked together to ensure the residents' health service plans are updated accordingly.

How will we identify other residents who have the potential to also be affected: All residents have the potential to be affected.

Measures/systemic changes to ensure no recurrence of deficient practice: On 12/2/24, ED and RCD implemented a conference call with all psychiatric practitioners to review updated Suicide and Suicidal Ideation policies and expectations. During the conference call we discussed the requirement that clear, typed and legible notes must be handed in within 24 hours.

How will we monitor corrective actions/monitor the continued effectiveness of the systemic changes we have implemented: We will repeat the conference call with all 3 party practitioners quarterly to review policies, expectations and updates. In addition, whenever a new practitioner joins our partnership, the ED and RCD will have an in-person



A Premier Senior Living Community

meeting to notify them of same. Quarterly review of all Health Service Plans for congruence with psychiatric support will continue indefinitely by ED and RCD.

Completion Date: 12/4/24 and ongoing

accepted 7/1/25

NJ Ex Order 26. 4B1

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 60A008	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 7/1/2025
--	---	-----------------------------

NAME OF FACILITY BENTLEY COMMONS AT PARAGON VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 425/427 ROUTE 46 EAST HACKETTSTOWN, NJ 07840
--	--

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 A0355	Correction	ID Prefix A0357	Correction	ID Prefix A0475	Correction
Reg. # 8:36-4.1(a)(1)	Completed	Reg. # 8:36-4.1(a)(2)	Completed	Reg. # 8:36-5.1(h)	Completed
LSC	07/01/2025	LSC	07/01/2025	LSC	07/01/2025
ID Prefix A0747	Correction	ID Prefix A0763	Correction	ID Prefix A1073	Correction
Reg. # 8:36-7.2(g)	Completed	Reg. # 8:36-7.4(b)	Completed	Reg. # 8:36-15.6(b)	Completed
LSC	07/01/2025	LSC	07/01/2025	LSC	07/01/2025
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 1/21/2025		<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		