



State of New Jersey
DEPARTMENT OF HEALTH

PO BOX 358
TRENTON, N.J. 08625-0358

www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

In Re Licensure Violation:

BENTLEY SENIOR LIVING
(NJ ID# NJ04A005)

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CURTAILMENT OF
ADMISSIONS ORDER,
DIRECTED PLAN OF
CORRECTION

TO: Deven Boland, Executive Director
Bentley Senior Living
7999 North Route 130
Pennsauken, New Jersey 08110

Dear Ms. Boland:

This order confirms the October 12, 2022 telephone call between your Assistant Executive Director and the Department of Health, Office of Program Compliance (Department), wherein you were ordered to curtail all admissions at Bentley Senior Living (hereinafter "Bentley" or "Program"). This Order also includes a Directed Plan of Correction set forth below.

The Health Care Facilities Planning Act (N.J.S.A. 26:2H-1 et seq.) (the Act) provides a statutory scheme designed to ensure that all health care facilities are of the highest quality. Pursuant to the Act and N.J.A.C. 8:43E-1.1 et seq., General Licensure Procedures and Standards Applicable to All Licensed Facilities, the Commissioner of Health is authorized to inspect all health care facilities and to enforce the Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs set forth at N.J.A.C. 8:36 et seq.

These enforcement actions are being taken in accordance with the provisions set forth at N.J.A.C. 8:43E-2.4 (Plan of Correction), 3.1 (Enforcement Remedies Available), and 3.6 (Curtailment of Admissions) after Staff from the Department's Health Facility Survey and Field Operations ("HFS&FO" or "Survey") were on-site at Bentley and found significant deficiencies posing an immediate and serious threat of harm to residents.

LICENSURE VIOLATIONS:

Staff from HFS&FO were on-site at Bentley on July 11, 2022, and September 30, 2022 to October 1, 2022, for the purpose of conducting complaint surveys. Based on observations, interviews, and review of pertinent Program documentation, it was determined that the program failed to implement its security policy and procedures to maintain a safe environment. Bentley failed to implement its Security Policy that “the building is appropriately secured at all times, appropriately staffed at all times, and access to resident apartments will be limited to appropriate staff.” The Executive Director failed to ensure the implementation and enforcement of Program policy and procedures. See N.J.A.C. 8:36-3.4.

The surveyor entered the Program facility at 12:36 am. The front doors were unlocked, and the surveyor was able to walk directly into the Program facility without being stopped by anyone. A Licensed Practical Nurse (LPN) interviewed by Survey stated that, to the best of her knowledge, the front doors had never locked. Survey interviewed the Executive Director (ED) over the phone, who stated that, in the eighteen months that she has been the ED, the front doors had never been locked. Survey reviewed the Program’s policy titled “Security,” which provided in part that: “3. All entrance shall be locked after 9 PM. 4. The doorbell shall be utilized for entry to the Residence after 9 PM.” Furthermore, Bentley failed to submit an acceptable Plan of Correction to address the lack of security deficiencies found in the July 11, 2022 Complaint Survey. Accordingly, the ED failed to ensure the implementation and enforcement of policies and procedures related to the Program’s security to maintain a safe environment. See N.J.A.C. 8:36-17.7

During the on-site survey at Bentley, the Executive Director stated to Survey she was the ED for both Bentley Senior Living and Ivy Stone Senior Living (Ivy Stone). The ED asserted that the same person could be the ED for the Bentley Program and Ivy Stone, but admitted she did not have any administrative policies or procedures to support her position. Additionally, when Survey interviewed the Assistant Executive Director (AED), the AED, in contrast, stated that because Bentley and Ivy Stone were under two separate licenses, there should be two designated EDs. See N.J.A.C. 8:36-3.1

Based on record review, interviews, and review of Program policy, Survey also found that the Program failed to implement its abuse policy. See N.J.A.C. 8:36-3.4. Specifically, the program failed to suspend a dietary aide (DA) after receiving an allegation of staff-to-resident abuse. During an interview with Survey, Resident #1, who was noted to be alert and oriented to person, place, and time, stated that she went to the dining room for dinner. When Resident #1 began to pick up a dinner tray to move it, the DA grabbed the resident's left forearm and pushed it out of the way. Resident #1 stated that the DA "gave me a jolt and my back hurt for several days after."

Survey interviewed the Food Services Director (FSD), who stated that the DA was not suspended during the investigation, noting that the DA was simply removed from the dining room and asked to work in a separate dining room to avoid Resident #1. Survey

interviewed the Assistant Executive Director (AED), who stated that Bentley's policy is to suspend an employee during an investigation of alleged abuse. The AED stated that the DA should have been suspended pending the investigation and not just moved to a different dining room. The AED stated, "When we drop the ball, we drop the ball." The ED also admitted to Survey that the DA should have been suspended during the investigation pursuant to their policy.

Bentley's security deficiencies, its failure to have a separate Administrator, and its failure to implement its abuse policy in response to an allegation of abuse affects all residents and places them at a risk of harm.

You will receive a complete inspection report detailing all deficiencies.

CURTAILMENT:

Pursuant to N.J.A.C. 8:43E-3.6, the Department may impose a curtailment of admissions where violations of licensing regulations pose an immediate and serious threat of harm to residents of a health care facility or program. Because the violations outlined above pose an immediate and serious threat of harm to Bentley participants, the Department ORDERS that the Program is prohibited from accepting new admissions until further notice.

Please be advised that N.J.A.C. 8:43E-3.4(a)(2) provides for a penalty of \$250 per day for each resident admitted to the Program in violation of this curtailment order.

DIRECTED PLAN OF CORRECTION:

The Department is also ordering a Directed Plan of Correction (hereinafter "DPOC"), requiring Bentley to put a security system in place consistent with Bentley's security policies including repair of all entrance doors to secure the facilities' entry, locking the door after 9p.m., and allowing entrance through use of a doorbell and security guard.

The Program must retain the full-time, on-site services of an Administrator Consultant who is credentialed as a nursing home administrator or assisted living administrator, and who shall be approved in advance by the Department. The Program shall provide the name and resume of the proposed Administrator Consultant by submitting the name and resume to Lisa.King@doh.nj.gov and kiisha.johnson@doh.nj.gov by close of business on October 24, 2022. The approved Administrator Consultant shall be retained no later than the close of business, October 28, 2022. The contract with the Consultant shall include provisions for immediate corrective action ensuring resident safety is not jeopardized and applicable state licensing standards are met.

The Administrator Consultant shall have no previous or current ties to the Program's principals, management and/or employers or other related individuals of any kind, including, but not limited to employment, business, or personal ties. The Consultant and Program shall submit weekly progress reports, beginning on November 4, 2022 and

continuing each Friday thereafter. The progress reports shall be submitted to kiisha.johnson@doh.nj.gov.

The Administrator Consultant shall:

1. Assess the Program's compliance with all applicable state licensing standards and identify areas of non-compliance;
2. Oversee the development, implementation and evaluation of corrective action plans including creating appropriate Plans of Correction, Administrator responsibilities, and abuse and neglect procedures;
3. Develop and implement compliance management systems at the Program;
4. Collaborate with Program leadership to ensure that policy and procedural manuals, operating procedures, systems, and standards align with compliance requirements including separate Administrators for Bentley and Ivy Stone;
5. Ensure staff training needed to comply with applicable licensing standards; and,
6. Take other actions as may be necessary to ensure identification of compliance issues and implementation of timely corrective measures.

The weekly progress reports by the Administrator Consultant and the Program should be sent every Friday by 1:00 p.m. to kiisha.johnson@doh.nj.gov. These weekly reports shall include timely status updates regarding:

1. Identified areas of non-compliance;
2. Corrective measures to address identified areas of non-compliance; and,
3. Status of corrective measures implementation.

The Curtailment and DPOC shall remain in place until the Program is otherwise notified in writing by a representative of this Department. Furthermore, Department staff will monitor Program compliance with this order to determine whether corrective measures are implemented by the Program in a timely fashion.

Failure to comply with these and any other applicable requirements, as set forth in pertinent rules and regulations, may result in the imposition of penalties. Please also be advised that you may be subject to other enforcement remedies in addition to this order.

FORMAL HEARING:

Bentley is entitled to contest the curtailment by requesting a formal hearing at the Office of Administrative Law (OAL). Bentley may request a hearing to challenge the factual

survey findings and the curtailment. Bentley must advise this Department within 30 days of the date of this letter if it requests an OAL hearing regarding the curtailment.

Please forward your OAL hearing request to:

Attention: OAL Hearing Requests
Office of Legal and Regulatory Compliance, New Jersey Department of Health
P.O. Box 360
Trenton, New Jersey 08625-0360

Corporations are not permitted to represent themselves in OAL proceedings. Therefore, if Bentley is owned by a corporation, representation by counsel is required. In the event of an OAL hearing regarding the curtailment, Bentley is further required to submit a written response to each and every charge as specified in this notice, which shall accompany its written request for a hearing.

Failure to submit a written request for a hearing within 30 days from the date of this notice will render this a final agency decision. The final agency order shall thereafter have the same effect as a judgment of the court.

The Department also reserves the right to pursue all other remedies available by law.

Thank you for your attention to this important matter and for your anticipated cooperation. Should you have any questions concerning this order, please call (609) 376-7751.

Sincerely,



Gene Rosenblum, Director
Office of Program Compliance
Division of Certificate of Need and Licensing

DATE: October 19, 2022 E-MAIL (dboland@priorityly.com)
(shlomo.cherns@crescenthcg.com) (lashonda.jones-acrey@crescenthcg.com)

REGULAR AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED
Control # X21046

Cc: Nursing Home Administrators Licensing Board
Frank Skrajewski
Pamela Lebak, Health Facility Survey and Field
Operations
Kiisha Johnson
Bonnie G. Stevens
Laurie Brewer