



State of New Jersey
DEPARTMENT OF HEALTH

PHILIP D. MURPHY
Governor

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Lt. Governor

www.nj.gov/health

JEFFREY A. BROWN
Acting Commissioner

In Re Licensure Violation:	:	DIRECTED PLAN OF
	:	CORRECTION
	:	
Bentley Comprehensive Care LLC	:	
(NJ Facility ID# NJ04A005)	:	
	:	
	:	

TO: Michael Dugger, Administrator
Bentley Comprehensive Care, LLC
7999 North Route 130
Pennsauken, NJ 08110

This letter confirms the verbal order given to you by the Department of Health (hereinafter "the Department") on August 7, 2025, imposing a Directed Plan of Correction (DPOC) requiring Bentley Comprehensive Care, LLC ("Bentley") to retain a full-time Consultant Administrator and Consultant Director of Nursing.

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) and N.J.A.C. 8:43E-3.1 (Enforcement Remedies Available), following multiple complaint surveys conducted by staff from the Department's Health Facility Survey and Field Operations (HFS&FO) at Bentley Comprehensive Care, LLC, (hereinafter "Bentley"), an assisted living program. During these visits, surveyors identified significant deficiencies in the program's administration, including repeated failures to protect residents from neglect and abuse, failure to ensure the provision of pharmaceutical services necessary to meet resident needs, and failure to define and implement the responsibilities of the Medical Director through a formal position description or contract. These failures resulted in the breakdown of resident care coordination, compromised safety, and demonstrated a lack of effective administrative oversight and clinical accountability.

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 the Department of Health (the “Department”) is authorized to inspect all health care facilities and to enforce the Standards for Licensure of Assisted Living set forth at N.J.A.C. 8:36-1.1 et seq.

LICENSURE VIOLATIONS & MONETARY PENALTIES

Staff from the Department’s Health Facility Survey and Field Operations visited Bentley Comprehensive Care, LLC (hereinafter “Bentley”) on April 23, May 9, and May 22, 2025, for the purpose of conducting complaint surveys. The program was found to be in repeated violation of N.J.A.C. 8:36-3.4(a)(1) and N.J.A.C. 8:36-4.1(a)(22), which require assisted living programs to implement and enforce policies that protect resident rights and ensure a safe, secure living environment. Additionally, during the May 22, 2025, survey, the program was cited for a new violation under N.J.A.C. 8:36-23.3(a), which mandates proper emergency response procedures and clinical oversight following serious incidents affecting resident health.

During the April 23, 2025, survey, investigators determined that the Executive Director (ED) failed to implement and enforce the program’s internal policies regarding police-involved incidents and resident altercation investigations. A reportable event dated April 7, 2025, documented that Resident #1 pushed Resident #2, causing a fall and injury. Despite police intervention and Resident #1’s arrest, the ED failed to complete a required incident report or submit documentation to the Department within 72 hours, as required under the program’s policy titled “Notification and Documentation Protocol for Police-Involved Incidents.” In a separate incident on April 15, 2025, Resident #6 brandished a large kitchen shear before being pushed by Resident #4. However, the ED’s written summary omitted any mention of the weapon and failed to confirm whether witness statements were obtained, contradicting the program’s own investigation policies. These failures revealed a breakdown in administrative oversight, delayed Departmental notification, and inadequate protections for residents involved in serious altercations.

The May 9, 2025, survey revealed repeated failures in reporting, documentation, and resident protection. Between March and April 2025, Bentley experienced multiple resident-to-resident altercations, including verbal threats, physical assaults, and one incident involving a weapon. Despite these events and subsequent police responses, the program failed to notify the Department of Health in a timely manner and did not document the incidents in residents’ electronic medical records as required. Six residents (Residents #2, #5, #6, #7, #8, and #9) were affected by these altercations. For example, on March 16, 2025, Resident #2 physically assaulted Resident #9, prompting a police response that the ED was unaware of and never reported. On April 13, 2025, Resident #8 threatened Resident #5 with a knife and was arrested, yet the event was not properly documented or reported. On March 31, 2025, an altercation between Residents #6 and #7 also triggered police involvement, but no evidence of reporting or documentation was available, despite the ED claiming otherwise. Additionally, the program failed to protect Resident #3 from further harm after reporting an alleged sexual assault by Resident #2 on April 19, 2025. Despite the seriousness of the allegation, Resident #2 returned to the program and attempted to enter the shared room. The ED acknowledged that no formal communication had been issued to staff regarding

Resident #2's restricted status, relying only on a photo placed at the front desk. The ED also failed to provide hospital records requested by the Department regarding Resident #3's evaluation following the incident, further limiting regulatory oversight. These deficiencies collectively demonstrated that the program failed to uphold its own policies and state regulations related to resident safety, rights, and appropriate documentation of abuse or behavioral incidents.

The May 22, 2025, survey revealed additional deficiencies, marking a new violation under N.J.A.C. 8:36-23.3(a) in addition to a repeated violation of N.J.A.C. 8:36-4.1(a)(22). The investigation focused on an incident involving Resident #2, who was found unconscious and unresponsive outside the program on November 13, 2024. A Licensed Practical Nurse administered Narcan and contacted 911 after the resident again became unresponsive. Although the situation required clinical follow-up and emergency assessment, there was no documentation that a Registered Nurse or physician was notified, no reassessment of the resident's service plan, and no post-incident interventions were documented. Furthermore, the program failed to submit a Facility Reportable Event (FRE) to the Department and could not locate the resident's paper medical record during the survey. Staff interviews revealed confusion regarding notification responsibilities, with the CMA on duty confirming that she was unaware if the Director of Nursing, Administrator, or physician had been contacted. The Administrator, who had not been employed at the time of the incident, was unable to provide any evidence of reporting or follow-up care planning. Review of program policies confirmed that the required emergency response protocols, clinical notifications, and documentation procedures were not followed. The lack of response after a suspected substance-related medical emergency demonstrated a serious failure in clinical oversight, risk mitigation, and administrative responsibility.

Based on these findings, the Department determined that Bentley Comprehensive Care, LLC repeatedly violated N.J.A.C. 8:36-3.4(a)(1) and 8:36-4.1(a)(22) and failed to meet the requirements of N.J.A.C. 8:36-23.3(a) during the May 22, 2025, incident. The program's failure to enforce internal policies, report serious incidents, maintain accurate documentation, and protect residents from harm posed a significant risk to resident safety and well-being. The repeated nature of several deficiencies, as well as the emergence of a new violation, demonstrated systemic failures in leadership oversight, clinical accountability, and regulatory compliance.

These are representative findings and do not necessarily include all survey findings, which will be detailed in the survey report.

DIRECTED PLAN OF CORRECTION:

a. The program must retain the full-time, on-site services of an Administrator Consultant in accordance with N.J.A.C. 8:34-1.1 et seq., who shall be responsible for consultation services concerning the day-to-day operations of the program. The Administrator Consultant must be approved by the Department. The program shall provide the name and resume of the proposed Administrator Consultant by submitting the name and resume to Jacqueline.Jones@doh.nj.gov, Lynor.Bagtas@doh.nj.gov, Andrea.Mccrayreid@doh.nj.gov, Kara.Morris@doh.nj.gov, Gene.Rosenblum@doh.nj.gov, Jannelie.Claudio@doh.nj.gov and Lisa.King@doh.nj.gov by 12:00 noon on August 13, 2025. The Administrator Consultant shall be present in the program for no less than 40 hours per week, with documented coverage of all shifts and weekends, until further

notice from the Department. The approved Administrator Consultant shall be retained no later than the close of business, on August 18, 2025. The contract with the consultant shall include provisions for immediate corrective action with applicable state licensing standards. The 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 Administrator Consultant and program shall submit weekly progress reports, beginning on August 22, 2025, and continuing each Friday thereafter. The progress reports shall be submitted to Jacqueline.Jones@doh.nj.gov, Lynor.Bagtas@doh.nj.gov, Andrea.Mccrayreid@doh.nj.gov, Kara.Morris@doh.nj.gov, Donna.Rochon@doh.nj.gov, and Opunne.Odulana@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;
3. Develop and implement compliance management systems at the program;
4. Collaborate with program leadership to ensure that operating procedures, systems, and standards align with compliance requirements;
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 Jacqueline.Jones@doh.nj.gov, Lynor.Bagtas@doh.nj.gov, Andrea.Mccrayreid@doh.nj.gov, Kara.Morris@doh.nj.gov, Donna.Rochon@doh.nj.gov, and Opunne.Odulana@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.

b. Bentley shall retain the full-time services of a Consultant Director of Nursing who is a Registered Nurse (RN). The Consultant DON must be approved by the Department. The program shall provide the Department with the name and resume by 12:00 noon on August 13, 2025. The resume should be sent to Jacqueline.Jones@doh.nj.gov, Lynor.Bagtas@doh.nj.gov, Andrea.Mccrayreid@doh.nj.gov, Kara.Morris@doh.nj.gov, Jannelie.Claudio@doh.nj.gov, Gene.Rosenblum@doh.nj.gov, and Lisa.King@doh.nj.gov. The 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 DON shall be on-site for no less than 40 hours per week, with documented coverage of all shifts and weekends, until further notice from the Department. The approved Consultant Director of Nursing shall be retained no later than the close of business, August 18, 2025. They shall be responsible for ensuring that immediate connective action is taken to ensure resident safety is not jeopardized and applicable state licensing standards are met.

Please be advised that this DPOC shall remain in place until Bentley is otherwise notified by the Department.

Department staff will monitor compliance with this notice to determine whether corrective measures are implemented in a timely fashion. Failure to comply with these and any other applicable requirements, as set forth in pertinent rules and regulations, will result in the imposition of further enforcement remedies, including but not limited to, civil monetary penalties, and may include summary suspension and/or license revocation.

Thank you for your attention to this important matter and for your anticipated cooperation. Should you have any questions concerning this order, please contact Lisa King, Office of Program Compliance at (609) 376-7890.

Sincerely,



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

GR:LK:jc:nj

DATE: August 7, 2025

REGULAR AND CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Control# X25180