Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

April 6, 2018

Ms. Wendy Beatty, Administrator
Bennington Health & Rehab
2 Blackberry Lane
Bennington, VT 05201-2300

Dear Ms. Beatty:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 13, 2018.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475027	A. BUILDING _____ B. WING _____	R 03/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENNINGTON HEALTH & REHAB	2 BLACKBERRY LANE BENNINGTON, VT 05201

(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) COMPLETION DATE
{F 000}	INITIAL COMMENTS An unannounced on-site follow-up survey was conducted on 3/13/18 by the Division of Licensing and Protection. There were repeat regulatory issues identified as a result.	{F 000}		
{F 645} SS=D	PASARR Screening for MD & ID CFR(s): 483.20(k)(1)-(3) §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability. §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: (i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services; or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission- (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and (B) If the individual requires such level of services, whether the individual requires specialized services for intellectual disability.	{F 645}	This plan of correction is the centers credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed safely because it is required by the provisions of federal and state law.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

LWB | PED | 4.2.18

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 645}	Continued From page 1 §483.20(k)(2) Exceptions. For purposes of this section- (i)The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital. (ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual- (A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital, (B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and (C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services. §483.20(k)(3) Definition. For purposes of this section- (i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1). (ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to complete a preadmission screening for a mental disorder or intellectual disability for 1 of 7	{F 645}	F645 Resident #1 PASARR completed. All residents have the potential to be affected by this alleged deficient practice. A full house audit of PASARR was completed as necessary. All new residents will have PASARR completed within 30 days by the social worker. Social worker has attended the education session provided by the state regarding PASARR requirements. A weekly x 4 then monthly x 3 audit will be completed for admissions within the past thirty days to verify completion of the PASARR. Audits will be reported to the QAPI committee by the social worker. Date of Compliance April 2, 2018. Responsible party-Social Services	

F645 POC accepted 4/5/18 DVM[illegible]RN/PMC

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{F 645}	Continued From page 2 residents in the applicable sample (Resident#1). Findings include: Per record review Resident #1 was admitted to the facility on 4/11/17. Per review of the Pre-Admission Screen for Existing Mental Illness, Mental Retardation, or Related Condition (PASARR) form, the physician's signature on the form indicated that Resident #1 was PASARR exempt, likely to require less than 30 days in the nursing facility. As of 3/13/18, Resident #1 continued to reside at the facility and there was no evidence in the medical record that the resident had been screened for PASARR. Per interview on 3/13/18 at 2:41 PM with the social worker, s/he confirmed that the resident had not been screened for PASARR. Per interview on 3/13/18 at 4:37 PM with the Director of Nursing, s/he also confirmed that Resident #1 had not been screened for PASARR.	{F 645}		
{F 761} SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	{F 761}		

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{F 761}	Continued From page 3 §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to label drugs and biologicals in accordance with accepted professional principles for 2 of 4 medication carts and 1 of 2 medication storage rooms. Findings include: Per observation on 3/13/18 at 10:34 AM of medication cart #1 on the second floor, a medication cup filled with off-white colored capsules was in the middle drawer without a label and a date. There was also a tube of 24 gram Insta-Glucose (used for low blood sugar) with an expiration date of 1/31/18. Per interview with the Registered Nurse (RN) who was working on medication cart#1 at that time, s/he confirmed that the capsules in the medication cart should not have been left in the drawer without a label and a date. S/he also confirmed that the tube of Insta-Glucose had expired. Per observation on 3/13/18 at 10:37 AM of the medication storage room on the second floor, there was a bottle of multivitamins with iron with an expiration date of 2/18 and a second bottle of multivitamins with iron with an expiration date of 9/17. Per interview with the RN at that time, s/he	{F 761}	F761 No residents were affected by this alleged deficient practice. All residents have the potential to be affected by this alleged deficient practice. Expired and unlabeled medication were discarded. Med storage rooms and med carts were audited for unlabeled expired medication. Staff were re-educated on the proper labeling and storage of drugs and biologicals. Audits of med carts and medication storage areas will take place weekly x 4 then monthly x 4 to assure compliance. Results will be reported to the QAPI committee by the CNE for 4 months. Date of Compliance April 2, 2018. Responsible party- CNE, nurse managers or designee.	

F761 POC accepted 4/5/18 DWI Beauvais RN/PMC

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{F 761}	Continued From page 4 confirmed that the bottles of multivitamins had expired and proceeded to throw them away. Per observation on 3/18/18 at 10:55 AM of medication cart #2 on the second floor, there were 2 Lantus 100 milligrams per milliliter insulin pens without dates; a medication cup with medications poured without a label and a date; and a tube of 24 gram Insta-Glucose with an expiration date of 9/17. Per interview with the RN who was working on medication cart#2 at that time, s/he confirmed that the insulin pens were without a date, the medications in the medication cup were not labeled and dated, and that the tube of Insta-Glucose had expired. Per review of the facility policy (Storage and Expiration Dating of Medications, Biologicals, Syringes, and Needles) section 5, 5.2 read, "Once any medication or biological package is opened, Facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the medication container when the medication has a shortened expiration date once opened. ....Medications with a manufacturer's expiration date expressed in month and year will expire on the last day of the month."	{F 761}		