



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

December 6, 2023

Ms. Tabitha Davis-Barron, Administrator
Bennington Health & Rehab
2 Blackberry Lane
Bennington, VT 05201-2300

Dear Ms. Davis-Barron:

Enclosed is a copy of your acceptable plans of correction for the extended survey conducted on **November 20, 2023**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/20/2023
NAME OF PROVIDER OR SUPPLIER BENNINGTON HEALTH & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 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 extended survey was conducted by the Division of Licensing and Protection on 11/20/23, due to the determination of substandard quality of care as a result of the annual recertification survey, which was completed on 10/30 - 11/1/23. There was a regulatory violation identified, related to an area identified as non-compliant during the 11/1/23 recertification.	F 000	This plan of correction was written to follow state and federal guidelines. It is not an admission of noncompliance. However, it is the facility's commitment to demonstrate and maintain compliance.	12/5/23	
F 712 SS=E	Physician Visits-Frequency/Timeliness/Alt NPP CFR(s): 483.30(c)(1)-(4) §483.30(c) Frequency of physician visits §483.30(c)(1) The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter. §483.30(c)(2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. §483.30(c)(3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally. §483.30(c)(4) At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that required physician visits occurred every 30 days for the first 90 days	F 712	1. Resident #1 and Resident #2 have had a Regulatory visit by the physician. 2. An audit of physician visits was completed to validate required physician visits occurred every 30 days for the first 90 days after admission and at least 60 days thereafter. This includes that after the initial visit by the MD, visits may alternate between the physician and a physician assistant or nurse practitioner. 3. The facility ensures that required physician visits occurred every 30 days for the first 90 days after admission and at least 60 days thereafter. This includes that after the initial visit by the MD, visits may alternate between the physician and a physician assistant or nurse practitioner. Medical staff, DON, and NHA will be re-educated to this process.		

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

TITLE

CED

(X6) DATE

12/4/23

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 712	<p>Continued From page 1</p> <p>after admission and at least 60 days thereafter for two of three sampled residents (Residents #1 and #2). The facility also failed to ensure that the physician conducts every other visit, rotating with a nurse practitioner for one of three sampled residents (Resident #1). Findings include:</p> <p>1. Per record review, Resident #1 was admitted to the facility on 1/23/23. Per review of provider progress notes, a Physician visit/review of Resident #1's total program of care occurred only on 1/24/23 and 4/13/23 within the first 90 days of admission. Following these visits, the facility's Nurse Practitioner conducted a visit/review of Resident #1's total program of care on 5/25/23, 7/25/23, and 9/26/23. There is no evidence that there were any Physician visits following 4/13/23 for Resident #1.</p> <p>Per interview on 11/20/23 at approximately 4:00 PM, the Administrator confirmed that the physician visits for Resident #1 had not been conducted according to the regulation.</p> <p>2. Per record review, Resident #2 was admitted to the facility in March, 2023. Per review of the provider progress notes, a provider visit encompassing the total plan of care for Resident #2 during the month of April, 2023, did not occur.</p> <p>Per interview on 11/20/23 at approximately 3:00 PM, the Market Clinical Advisor confirmed that during the month of April, 2023, the provider visit had not met the regulatory requirement for Resident #2.</p>	F 712	<p>4. NHA/Designee will complete audits of required physician visits to validate the process is followed timely. These audits will be weekly x 4 weeks, bi-weekly x 4 weeks, and then monthly x 3 months. Results of these audits will be brought to the monthly QAPI Committee for further review and recommendations</p> <p>Tag F 712 POC accepted on 12/6/23 by S. Freeman/P. Cota</p>		