



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

March 13, 2024

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 complaint investigation conducted on **February 27, 2024**. 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES


PRINTED: 03/07/2024
FORM APPROVED
OMB NO. 0938-0391

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 C 02/27/2024
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NAME OF PROVIDER OR SUPPLIER BENNINGTON HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 2 BLACKBERRY LANE BENNINGTON, VT 05201
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F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an onsite, unannounced complaint investigation of intake #22738 on 2/21/24 - 2/27/24 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following deficiency was identified as a result of this investigation:	F 000	Please note that the filing of this plan of correction does not constitute admission to any of the alleged violations set forth in this statement of deficiencies. This plan of correction is being filed as evidence of the facility's continued compliance with all applicable law	
F 687 SS=D	Foot Care CFR(s): 483.25(b)(2)(i)(ii) §483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments. This REQUIREMENT is not met as evidenced by: Based on interviews, and record reviews the facility failed to ensure that 1 of 3 residents in the sample (Resident #1) received necessary treatment and services consistent with professional standards of practice to prevent infection and a new wound from developing. As a result, Resident #1 developed a toe wound and osteomyelitis (infection of bone) which led to a partial amputation of the toe. Findings include: Per record review Resident #1 was admitted to the facility on 9/1/2023 with a diagnosis of type 2 diabetes. An Admission Nursing Progress Note	F 687	1. Resident #1 is receiving diabetic foot care per MD order. 2. An audit of resident's records was completed to validate that the center provides foot care as applicable, including to prevent complications from the patient's medical condition(s) such as diabetes, peripheral vascular disease, or immobility. This includes receiving necessary treatment and services to prevent infection and any new wound from developing. 3. The center provides foot care and treatment in accordance with professional standards of practice and state scope of practice, as applicable, including to prevent complications from the patient's medical condition(s) such as diabetes, peripheral vascular disease, or immobility. This includes receiving necessary treatment and services to prevent infection and new wounds from developing. Licensed nursing staff have been re-educated and have completed competencies in regards to foot care.	3/19/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
 3/13/24

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 687	<p>Continued From page 1 dated 9/1/2023 reflects that Resident #1 had no wounds on admission.</p> <p>Review of Resident#1's care plan initiated on 9/18/2023 reveals that the resident is at risk for skin breakdown. The care plan also identifies a diagnosis of diabetes and reflects an intervention of "diabetic foot check daily. Observe feet/toes/ankles/soles/heels noting alteration in skin integrity, color, temperature, and cleanliness. Toenails for shape, length, and color. Inspect shoes for proper fit." There is no documented evidence in the medical record that the care planned diabetic foot checks were completed.</p> <p>A Nursing Progress Note written on 2/9/2024 indicates that Resident #1 reported pain in their left great toe at a 9 of 10 level (using a pain scale of 0-10, 10 being the worst pain). The resident received a dose of as needed Tylenol however, there is no documented evidence that the nurse further investigated or assessed the resident's toe to identify what was causing the 9 of 10 pain.</p> <p>During an interview on 2/27/24 at 1:14 PM, Resident #1's family member reported that on 2/17/2023 another family member was visiting when Resident #1 complained of pain in their left foot. When the family member removed Resident #1's sock they discovered a wound that was black in color and covered the top of the resident's great toe. The family member then reported the wound to the nursing staff.</p> <p>A Nurse Progress note dated 2/17/24 indicates that Resident #1's family member contacted the facility and demanded that Resident #1 be sent to the hospital due to "multiple skin issues and the inability to care for the resident appropriately."</p>	F 687	<p>continued from page 1</p> <p>4. The DON/Designee will complete chart audits and observation of resident's feet to validate foot care has been completed as indicated. These audits will be weekly x 4 weeks, bi-weekly x 4 weeks, 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 687 POC accepted on 3/13/24 by S. Freeman/P. Cota</p>		

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F 687	<p>Continued From page 2</p> <p>The nurse then went to check on Resident #1 and noted "a scab like formation over the toenail, brownish color, no redness, no swelling, not open, no drainage." The resident was sent to the emergency department via rescue squad at 4:30 PM.</p> <p>An Emergency Department Report written on 2/17/24 reveals a 1 cm (centimeter) area on left great toe which has an ulcer and some necrotic changes, dry appearing, there is no significant breakdown, no probing to bone or deep involvement visible. Resident #1 was admitted to the hospital with cellulitis and osteomyelitis. A hospital physicians Progress Note written 2/22/24 reveals a problem list that includes "Osteomyelitis distal phalanx left great toe, type 2 diabetes, and peripheral neuropathy." The physician's physical examination states "Extremities: Left great toe with black eschar at the tip. There are small black dots on the toenails of the second and third toe on the left ...". The resident subsequently underwent amputation of the left toe on February 23, 2024.</p> <p>During an interview on 2/21/2024 at approximately 11:45 AM the Director of Nursing (DON) confirmed that there is no documented evidence on 2/9/2024 that the nurse who provided Resident #1 with Tylenol for 9 on 10 pain had assessed the resident's toe to determine the cause of the pain. The DON also confirmed that that there was no documented evidence that diabetic foot checks were being completed per care plan.</p> <p>The American Diabetes Association "Standards of Care in Diabetes-2024" reveals on page S237-243 the recommendation for diabetics to perform daily examination of the feet to identify</p>	F 687			

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F 687	Continued From page 3 early foot problems.	F 687			