VERMONT
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

February 20, 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 **January 31, 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 _____	01/31/2018

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

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F 000	INITIAL COMMENTS	F 000		

The Division of Licensing and Protection conducted an unannounced onsite annual re-certification survey on 1/29/18 - 1/31/18. The following regulatory violations were cited as a result.

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	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
[signature]	CEO	2.20.18

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 specialized services for intellectual disability. §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	F 645	F645 Resident #8 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. 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 February 21, 2018. Responsible party-Social Services F645 POC accepted 2/20/18 RTremblay RN/PMC	

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F 645	Continued From page 2 mental disorder or intellectual disability for 1 of 18 residents in the applicable sample (Resident #8). Findings include: Per record review Resident #8 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 #8 was PASARR exempt, likely to require less than 30 days in the nursing facility. As of 1/31/18, Resident #8 continued to reside at the facility and there was no evidence in the medical record that the resident had been screened for PASARR. On 1/31/18 at 11:04 AM, the social worker confirmed that the resident was not re-assessed for PASARR after his/her 30 day stay in the facility.	F 645		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review , the facility failed to provide sufficient supervision for 1 of 18 Residents (Resident #9) to prevent intrusion into other residents' rooms (Residents #10, 30, 33) and exit seeking. Findings include:	F 689		

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F 689	Continued From page 3 During observations on 1/30/18 at 3:05 PM, Resident #9 [who has a care plan for wandering, intrusion, and exit seeking] intruded into the room of Residents #30 and 33 (both were in bed). After 4 minutes, a housekeeper noticed the intrusion and redirected Resident #9 into the hall. There were no nurse or nurse aid staff available as they were all engaged in shift change. At 3:17 PM, Resident #9 intruded into the room of Resident #10 [who was not present] and took an item of jewelry before exiting the room. At that time the surveyor located the South hall nurse [who was still doing shift change] and advised him/her that Resident #9 had taken the jewelry item during intrusion. After retrieving the item, the nurse returned to shift change duties, and Resident #9 proceeded directly to an exit at the far end of the North hall, setting off the door alarm. Staff came into the hall and reset the alarm, brought Resident #9 back to South hall and gave a snack to Resident #9, then returned to other duties. Resident #9, now at 3:40 PM, proceeded immediately back to the far end of North hall and set off the exit alarm again. After resetting the door alarm, staff went back to direct care duties in resident rooms, and there remained no staff supervising the halls. At 3:45 PM, Resident #9 again intruded into the room of Resident #10 at the end of South hall. The surveyor found the nurse from North hall who came over and redirected Resident #9 out of the room. At 3:59 PM, the unit manager confirmed that Resident #9 has a pattern of wandering, intrusion and exit seeking. The surveyor then confirmed with three of four nurse aids on duty [North aid at 4:11 PM and two South aids at 4:18 PM] that this behavior is typical of Resident #9 and they try to share the task of supervising Resident #9. The activity staff was conducting a story time group activity in the	F 689	F689 Residents #30, 33 and #10 were not affected by this alleged deficient practice. All residents have the potential to be affected by this alleged deficient practice. Multiple interventions have been put in place to address the wandering and intrusion in an attempt to keep the environment as free as possible of accident hazards. Staff will be in-serviced on supervision of residents and interventions that have been put in place. Care plan of resident #9 will be updated to reflect these engaging interventions. Supervision audits will take place weekly x 4 than monthly x 4 to identify the effectiveness of the interventions. Results will be reported to QAPI by the CNE for 4 months. Date of compliance-February 21, 2018. Responsible party- CNE, Nurse managers or Designee F689 POC accepted 2/20/18 RTremblay RN/PMC	

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F 689	Continued From page 4 dining room from 3-4 PM, but the activity did not engage Resident #9.	F 689		
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. §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 currently accepted professional principles for 2 of 4 medication carts and 1 medication storage room. Findings include:	F 761		

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F 761	Continued From page 5	F 761	F761	

Per observation on 1/30/18 at 4:25 PM of medication cart #1 on the second floor, a bottle of Novolog 100 unit/ml (milliliter) insulin was not labeled with a date opened. Upon further observation of medication cart #1, a tube of 24 gram Insta-Glucose (used for low blood sugar) was noted to have an expiration date of 9/20/17. Per interview with the Licensed Practical Nurse (LPN) who was working on medication cart #1, s/he confirmed that the bottle of insulin was not labeled with date opened and that the tube of Insta-Glucose had expired.

Per observation on 1/30/18 at 4:57 PM of medication cart #2 on the second floor, a bottle of Levemir 100 unit/ml insulin was open and dated 11/5/17. Upon further observation, a bottle of Humalog 100 unit/ml insulin was not labeled with the date opened. Per interview with the LPN who was working on medication cart #2, s/he confirmed that the Levemir insulin had expired and that the Humalog insulin was not labeled with date opened.

Per observation on 1/31/18 at 8:16 AM of the medication storage room on the second floor, a bottle of mineral oil with an expiration date of 12/17 and a box of individual albuterol inhalation nebulizer solutions (solutions used to help with breathing) with an expiration date of 11/17 were noted. Per interview with the Director of Nursing at this time, s/he confirmed that the medications were expired.

Per review of the facility policy (Storage and Expiration Dating of Medications, Biological's, Syringes, and Needles) section 5, 5.2 read, "Once any medication or biological package is

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 will be in-serviced 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 February 21, 2018.

Responsible party- CNE, nurse managers or designee.

F761 POC accepted 2/20/18 RTremblayRN /pmc

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F 761	Continued From page 6 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		