

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

October 9, 2019

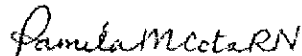
Ms. Wendy Beatty, Administrator  
Bennington Health & Rehab  
2 Blackberry Lane  
Bennington, VT 05201-2300

Dear Ms. Beatty:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 10, 2019**. 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

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

PRINTED: 09/23/2019  
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 09/10/2019
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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

F 000

An unannounced on-site investigation of two facility reported incidents was conducted on 9/10/19 through 9/11/19 by the Division of Licensing and Protection. The following regulatory violations were identified:

F 600 : Free from Abuse and Neglect  
SS=D CFR(s): 483.12(a)(1)

F 600

§483.12 Freedom from Abuse, Neglect, and Exploitation  
The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

§483.12(a) The facility must-

§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;

This REQUIREMENT is not met as evidenced by:

Based on interview and record review the facility failed to ensure that one applicable resident was free from verbal abuse (Resident #1). Findings include:

Per record review Resident #1 has a history of a stroke and traumatic brain injury. S/he needs extensive assistance with transfers and mobility. S/he frequently attempts to stand and walk due to a very short term memory and poor safety awareness. Per review of the facility's investigation from 6/10/19, on 6/8/19, at the

F600

Resident #1 had no negative effects as a result of this alleged deficient practice.

All residents have the potential to be affected by this alleged deficient practice.

Staff have been educated on abuse, neglect and exploitation.

A weekly x 4 then monthly x 3 audit of nursing documentation as well as verbal conversations with staff will be completed to verify compliance.

Audits will be reported to the QAPI committee by the NPE.

Date of Compliance October 5, 2019.

Responsible party-NPE

F600 POC accepted 10/8/19 DWideawakeRN/PNU

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

TITLE

(X6) DATE

*[Signature]*

CEO

10.1.19

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 600	Continued From page 1 change of shift between evening and night an incident occurred involving Resident #1 where a Licensed Practical Nurse (LPN)#1 threatened the resident stating, "If you don't sit down, I will break your f*****g legs". On 6/12/19, the Social Worker and NPE interviewed Resident #1 and the resident did not remember the incident. Per interview on 9/10/19 at 2:32 PM with a Licensed Nursing Assistant (LNA), s/he stated that s/he was emptying the linen cart at approximately 11:15 PM on 6/8/19 and heard the LPN state, "If you don't sit down all night I will break your f*****g legs". Per interview on 9/11/19 at 1:52 PM with LPN #2, s/he stated that on 6/8/19, s/he was in the nurse's station at the change of shift and s/he heard LPN#1 tell the resident that s/he "wasn't in the mood for [his/her] b*****t and sit down and shut up". Per review of LPN #1's witness statement it read, "on Sat during the evening shift, I may have said to [Resident #1] sit down or I'll break your legs. I said this jokingly". Per interview with the Nurse Practice Educator (NPE) on 9/10/19 at 12:18 PM, s/he stated that the staff member did not follow the facility policy and violated the resident's rights. Per interview on 9/10/19 at 3:29 PM with Resident #1, s/he stated that s/he did not remember any incident happening.	F 600	F609 Resident #1 had no negative effects as a result of this alleged deficient practice  All residents have the potential to be affected by this alleged deficient practice.  Staff have been educated on abuse, neglect and exploitation. Timeline for reporting and where the information is located as to where to report.  A weekly x 4 then monthly x 3 audit of nursing documentation as well as verbal conversations with staff will be completed to verify compliance.  Audits will be reported to the QAPI committee by the NPE.  Date of Compliance October 5, 2019.  Responsible party-NPE  <i>Fb09 POC accepted 10/8/19 DWideau RN/PMC</i>		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown	F 609			

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F 609 Continued From page 2

F 609

source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:

Based on interview and record review the facility failed to report an allegation of abuse timely to the State Agency for 1 applicable resident (Resident #1). Findings include:

Per review of the facility's investigation from 6/10/19, on 6/8/19, at the change of shift between evening and night an incident occurred involving Resident #1 where a Licensed Practical Nurse (LPN) #1 threatened the resident stating, "If you don't sit down, I will break your f\*\*\*\*\*g legs". The allegation of abuse was reported to the State Agency on 6/10/19, two days after the incident occurred. Per interview on 9/10/19 at 12:18 PM with the NPE, s/he stated that the incident was not reported to him/her until 6/10/19. Per

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F 609 Continued From page 3  
interview on 9/10/19 at 2:32 PM with a LNA, s/he stated that s/he did not know who to report the allegation to since the incident took place on a weekend. Per interview on 9/11/19 at 1:52 PM with LPN #2, s/he stated that s/he did not report the allegation because one of the LNA's had already reported it.

F 609

F656

Resident #1 had no negative effects as a result of this alleged deficient practice

Per review of the policy "Abuse Prohibition"-revised on 8/1/16, it read, "5.1 Anyone who witnesses an incident of suspected abuse, neglect, exploitation, involuntary seclusion, or misappropriation of resident property is to tell the abuser to stop immediately and report it to the CED (Center Executive Director) or designee immediately."

All residents who have advance directive care plans have the potential to be affected by this alleged deficient practice.

F 656 Develop/Implement Comprehensive Care Plan  
SS=D CFR(s): 483.21(b)(1)

F 656

Staff have been educated on the need to follow the advanced directive care plan and inform family and physician when there is a change in status.

§483.21(b) Comprehensive Care Plans  
§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -

Documentation 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 NPE for 4 months.

(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and  
(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse

Date of compliance-October 5, 2019

Responsible party- NPE

*F656 POC accepted 10/8/19 D Widenwaterd/pmc*

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F 656

treatment under §483.10(c)(6).  
(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.  
(iv) In consultation with the resident and the resident's representative(s)-  
(A) The resident's goals for admission and desired outcomes.  
(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.  
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.  
This REQUIREMENT is not met as evidenced by:  
Based on interview and record review the facility failed to implement the care plan for 1 applicable resident (Resident #1). Findings include:  
  
Per review of Resident #1's care plan for advance directives, it read, "inform [Resident #1] and/or healthcare decision maker of any change in status or care-needs; promote opportunities for [Resident #1] healthcare decision maker to participate in decisions regarding care". Per record review there was no evidence that the physician and/or family were notified of the allegation of abuse for Resident #1. Per interview on 9/11/19 at 11:16 AM with the NPE, s/he stated that s/he "did not notify the family and/or physician" when the incident occurred.

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.

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F 656 Continued From page 5

F 656

Per review of the policy "Abuse Prohibition"-revised on 8/1/16, it read, "5.1.2 All reports of suspected abuse must be reported to the resident's family and physician".