

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

January 6, 2020

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 **December 9, 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: 12/23/2019
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 12/09/2019
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	<p>INITIAL COMMENTS</p> <p>An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 12/9/19. There was a regulatory finding as a result of this investigation.</p> <p>F 658 Services Provided Meet Professional Standards SS=F CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review, the facility failed to insure that according to standards of practice for 1 of 4 residents, Resident #1, in regards to following physician orders for insulin administration. Findings include:</p> <p>Resident #1 was admitted to the hospital on 11/23/19 secondary to weight loss and elevated blood glucose levels. In reviewing the physician orders on 12/9/19 at 2:00 PM, with the Registered Nurse (RN), it was discovered that an order given on 11/11/19 by the provider for "Lantus SolStar Solution pen-injector 100unit/ml. Inject 10 unit subcutaneously at bedtime for Diabetes Mellitus, if doesn't eat dinner hold lantus for glucose less than 140". In review of the electronic medication record the Lantus Insulin was not administered 11/13, 14, 16, 17, 19 or 21st. The reason for not giving was that the resident had not eaten dinner, there is no evidence that a blood sugar level was obtained at the time the insulin was scheduled to be given. The RN confirmed at the time of discovery that a blood sugar level should have</p>	F 000	<p>F658 Standard of Care</p> <p>No residents were affected by this alleged deficient practice.</p> <p>All residents who receive insulin have the potential to be affected by this alleged deficient practice.</p> <p>Education was provided to follow careplans for MD orders regarding insulin administration with additional directions.</p> <p>A weekly X4 then monthly x 3 audit of insulin administration will be completed to verify compliance. Results will be reported to the QAPI committee.</p> <p>Date of Compliance: January 4, 2020.</p> <p>Responsible party: Nurse manager or designee</p> <p>F658 POC accepted 1/6/20 [Signature]</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: CEO (X6) DATE: 12 23 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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been obtained and if the level was greater than 140, the insulin was to be given.

F 658