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

April 1, 2021

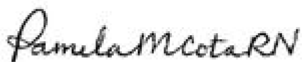
Ms. Wendy Beatty, Administrator
Bennington Health & Rehab
2 Blackberry Lane
Bennington, VT 05201-2300

Dear Ms. Beatty:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 8, 2021**. 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

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

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 ______	C 03/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENNINGTON HEALTH & REHAB	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 The Division of Licensing and Protection conducted an onsite, unannounced complaint investigation on 3/8/2021. The following regulatory violation was identified as a result of this investigation.	F 000	F 656 Develop/Implement Comprehensive Care Plan Resident #1 had no negative effects from this alleged deficient practice. Siderails were added to the bed and signage was posted in residents new room per care plan. All residents that have care plan interventions in place and have a room change have the potential to be affected by this alleged deficient practice. Staff have been educated on the need to review the care plan of residents prior to any room change to assure all interventions have been implemented. Audits of potential room change and care plan intervention adherence will take place weekly X4 then monthly X4 to verify compliance. Results will be reported to the QAPI committee by the DON for four months. Date of Compliance: April 7, 2021 Responsible: DON, Nurse Managers.	
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §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 - (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 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	F 656		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature]
TITLE: Administrator
(X6) DATE: 3.26.21

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 656	Continued From page 1 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 information obtained through direct observation, staff interview, and record review, the facility failed to implement established care plan interventions for 1 of 3 sampled residents (resident #1). Findings include: Per record review, Resident #1 was sent to the emergency room on 2/27/2021 for medical evaluation and returned to the facility the same day. Upon return the resident was moved to a private room. Per Resident #1's care plan, the following care plan focus had been identified: "[Resident #1] is at risk/has had a fall due to mental illness with hx (history) of delusions, hallucinations, seizure disorder, dx (diagnosis) of osteoporosis, and poor safety awareness. Date Initiated: 11/27/2020." The following interventions were listed under this care plan focus: "Bilateral side rails up while providing incontinent care in bed and instruct [the resident] to hold onto side rail during incontinence care as needed", "[The resident] is impulsive and continues to self transfer/ambulate without ringing for assistance", "Place a sign on the outside of the bathroom door that says 'ask for assistance	F 656	F656 POC accepted 3/29/21 KRuffeRN/PMC	

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F 656	Continued From page 2 before going in to use the bathroom' This is a reminder to [the resident] before [s/he] enters the bathroom to ask for assistance", and "Reminder signs posted in bathroom to ring for assistance". Resident #1 also had the following care plan focus: "[Resident #1] requires assistance/is dependent for ADL (Activities of daily living) care in bathing, grooming, personal hygiene, dressing, eating, bed mobility, transfer, locomotion, and toileting related to: impaired strength/balance, activity intolerance, and cognition status. Date Initiated: 11/27/2020 Revision on: 12/21/2020." The following intervention was listed under this care plan focus: "Bilateral side rails to be used as an enabler for bed mobility and repositioning. Date Initiated: 11/27/2020." Per direct observation of Resident #1 in their bed on 3/8/2021 at approximately 2:30 PM, Resident #1's bed did not have any side rails. This was confirmed by a Licensed Nursing Assistant (LNA) present at the time of observation. The LNA also stated that s/he "had just been in helping [the resident] because [s/he] was trying to get out of bed by [her/himself]". During observation of the resident's room on 3/8/2021 at 5:00 PM, there were no signs on the outside of the bathroom door or in the bathroom to remind Resident #1 to ask for assistance, as directed by the care plan. On 3/8/2021 at 2:45 PM, the Unit Manager confirmed that Resident #1's room had been moved upon return from the hospital on 2/27/2021. S/he also confirmed that there were no side rails on the resident's bed since her/his return. Per interview with the Director of Nursing (DON)	F 656		

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F 656	Continued From page 3 on 3/8/2021 at 3:00 PM regarding the lack of side rails on Resident #1's bed, residents who are transported outside the facility by non-facility staff are moved to a private room upon return for COVID-19 quarantine and monitoring. Per interview on 3/8/2021 at approximately 5:30 PM, the DON confirmed that Resident #1's room was moved upon their return from the emergency room and stated that the "side rails on [Resident #1's] previous bed must have not made their way over to the new bed in the new room". S/he also confirmed that the care plan should not reflect the use of reminder signs as the Resident no longer tries to toilet her/himself.	F 656		