

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 29, 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 recertification survey conducted on **September 15, 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

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

PRINTED: 10/04/2021  
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  09/15/2021
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	
E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 656 SS=D	An unannounced on-site re-certification survey was conducted by the Division of Licensing and Protection on 9/13 - 9/15/2021. There were regulatory violations identified during the survey. 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	F 656			

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

TITLE

(X6) DATE

*[Signature]*

CEO

10.15.21

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	<p>Continued From page 1</p> <p>recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(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.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, and record review the facility failed to implement established care plan interventions for one of twenty-six residents in the applicable sample (Resident # 39). Findings include:</p> <p>Per record review Resident # 39 has diagnoses that include osteopathic, Parkinson's disease, stiffness of the left and right knee, pain in right elbow, contracture of the right elbow, pain in joints of right hand, and contracture of right hand. A risk for decreased ability to perform activities of daily living (ADLs) care plan indicates that a right-hand palm guard when out of bed as tolerated was implemented on 12/31/2020. The care plan also states "right hand splint on during all waking hours - check skin integrity every shift. Remind resident to keep splint on", this was also implemented on 12/31/2020.</p>	F 656	<p>F656</p> <p>Resident #39 had no negative effects from this alleged deficient practice. Resident #39s Care plan was updated to reflect current devices and wound interventions.</p> <p>All residents who have physician orders for therapeutic devices or wound treatments have the potential to be affected by this alleged deficient practice.</p> <p>Nurses have been educated on the proper care plan documentation of therapeutic interventions and wound treatments. If interventions have been discontinued to remove them from the care plan.</p> <p>Audits of care plans will take place weekly X4 then monthly X3 to assure compliance. Results will be reported to the QAPI committee by the DON for four months.</p>		

Date of Correction: October 15, 2021.

Responsible: DON, Nurse Managers, Director of Rehabilitation.

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F 656	<p>Continued From page 2</p> <p>Per review of Resident #39's physicians orders, an order was written on 4/12/2021 for a restorative knee brace use to manage R [right] knee LOM [limited range of motion], and to reduce risk of knee flexion contracture, an order written on 1/4/2020 for a Wanderguard device on wheelchair ([resident] is non-ambulatory) due to poor safety awareness check for proper function every shift.</p> <p>During the lunch meal on 9/13/2021 at 12:45 PM Resident #39 was observed in the dining room. There was no palm guard or hand splint on her/his right hand as indicated in the care plan. At 2:04 PM Resident #39 was observed sitting in the hall in her/his wheelchair. S/he did not have a palm guard or hand splint on her/his right hand, nor did s/he have a knee brace on her/his right knee. There was also no wanderguard device on her/his wheelchair. Resident # 39 was observed on 09/15/21 at 09:25 AM, again s/he had no right-hand splint, palm guard, or knee brace in place.</p> <p>Per record review Resident # 39 has a physician's that was written on 9/8/2021 that states "Right lateral foot wound. Cleanse with wound cleanser Skin prep to periwound skin SilvaKollagen gel to open area Cover with non-adherent gauze Secure with gauze roll and tape in the evening for wound care. Per review of Resident #39's care plan there was no evidence of a care plan regarding the presence of a wound and the interventions related to the care and treatment of the wound.</p> <p>Per interview with a licensed nursing assistant on 09/15/21 at 9:33 AM s/he doesn't think that Resident # 39 has a splint for his right hand. The</p>	F 656	<p><b>TAG F 656 POC Accepted on 10/29/21 by S. Freeman/P. Cota</b></p>		

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F 656	Continued From page 3  LNA stated that s/he doesn't usually provide care to her/him because the other LNA on duty cares for her/him.  Per interview with the Unit Manager (UM) on 9/15/2021 at 10:14 AM s/he confirmed that there was no care plan that addressed the wound on Resident #39's right foot. S/he stated that s/he had updated the resident's care plan the morning of 9/15/2021 to reflect the wound, and interventions to care for the wound.  During observations on 9/15/2021 at 11:23 AM a certified occupational therapist (COTA) was observed placing a palm guard on Resident # 39's right hand. Per interview with the COTA immediately after the observation, Resident # 39 had been screened by occupational therapy (OT) for eval 7/2- 8/19/2021. The COTA stated that when new adaptive or positioning devices are implemented therapy does a trialing schedule, then adds the intervention to the care plan. The COTA confirmed that the knee brace is an active physician's order however, it is no longer in use and should have been discontinued. Immediately after the interview s/he spoke with UM and asked her/him to discontinue the knee brace as it is no longer in use. The COTA also confirmed that the care plan reflected that the hand splint and palm guard had both been implemented on 12/31/2020 and that Resident #39 was no longer using the hand splint. S/he immediately asked the UM to remove the hand splint from the care plan.	F 656			
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)  §483.60(i) Food safety requirements. The facility must -	F 812			

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F 812	<p>Continued From page 4</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that, the facility failed to store food in accordance with professional standards for food service safety.</p> <p>Observation of the walk-in cooler revealed a tray of crushed pineapple in covered individual serving dishes, a small dish of chicken salad and a small dish of cut up watermelon that were not dated either with the date of preparation or the date of discard.</p> <p>Interview on 9/13/21 at 11:10 AM with the Food Service Director, confirmed that the above noted items should have been labeled with the date of preparation or the date of discard.</p> <p>Observation of the walk-in freezer on 9/13/21 at 11:15 AM, revealed a cardboard box labeled "frozen hamburgers". The box was wide open</p>	F 812	<p>F812</p> <p>No residents were affected from this alleged deficient practice. Unlabeled food was discarded.</p> <p>All food will be labeled prior to being placed in the freezer or walk in cooler. Packages will be sealed or closed appropriately when not in use preventing exposure to the environment.</p> <p>Kitchen staff have been educated on the proper professional standards of labeling, dating and storage of food.</p> <p>Audits of the walk-in cooler and freezer will take place weekly X4 then monthly X3 to assure compliance. Results will be reported to the QAPI committee by the Food Service Manager for four months.</p> <p>Date of Correction: October 15, 2021.</p> <p>Responsible: Food Service Manager.</p>		

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F 812	<p>Continued From page 5</p> <p>and contained a wide open bag, exposing its contents to the environment. A wide open cardboard box labeled "Sugar Cookies" was discovered to contain a wide open bag of uncooked cookies, exposing its contents to the environment. An undated, gallon size freezer bag containing blueberry muffins was discovered inside the freezer.</p> <p>Interview on 9/13/21 at 11:16 AM with the Food Service Director, confirmed that the items described above were frozen hamburgers, frozen sugar cookies and a gallon size freezer bag of blueberry muffins. The Food Service Director also confirmed that the box of frozen hamburger and frozen cookies were not stored appropriately in their plastic bags and were exposed to the environment. She/he also confirmed that the gallon size bag of blueberry muffins should have been labeled with the date of preparation or the date of discard.</p>	F 812	<p><b>TAG F 812 POC Accepted on 10/29/21 by S. Freeman/P. Cota</b></p>		