

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

March 2, 2022

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 investigation conducted on **January 20, 2022**. 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: 02/14/2022  
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 01/20/2022
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	INITIAL COMMENTS	F 000	F684		
F 684 SS=G	<p>An unannounced on-site investigation of two complaints was conducted by the Division of Licensing and Protection on 1/19 - 1/20/2022. There was a regulatory finding as a result of this investigation.</p> <p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to develop and implement a comprehensive care plan related to the elimination needs of a resident with an identified history and risk of constipation for 1 of 3 residents in the applicable sample (Resident #1). Findings include:  Per record review resident #1 was admitted to the facility on 12/18/2021 for post-surgical care of a left hip fracture with surgical repair. The resident's diagnoses include left femur fracture, cerebral palsy, reduced mobility, and constipation. A physician order dated 12/18/2021 states "Admit to [facility] using [hospital] D/C [discharge] Summary orders for admission orders to [facility] with House Standing orders including House Bowel Regime."</p>	F 684	<p>Resident #1 returned to facility and was monitored for bowel movements. The facility will follow the bowel protocol as needed.</p> <p>All residents with a diagnosis of constipation have the risk of being affected by this alleged deficient practice.</p> <p>Nursing staff have been educated on the updating of careplan for dx of constipation. Nursing staff have been educated on monitoring the alerts in pcc and instituting the standing orders for bowel management.</p> <p>Audits of bowel careplans and following of the bowel protocol when necessary will be conducted by the nurse managers weekly x4 then monthly x4. Results will be reported to QAPI committee for 4 months.</p> <p>Date of correction February 26, 2022.</p> <p>Responsible: CNE, Nurse Managers.</p>		

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

*WSP*

TITLE

*CED*

(X6) DATE

*2.26.2022*

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 684	<p>Continued From page 1</p> <p>Review of December 2021 Licensed Nursing Assistant Flowsheets and Nurse Progress Notes there is no record of Resident #1 having a bowel movement from admission on 12/18/2021 - 12/29/2021. The December 2021 medication administration record (MAR) does not reflect any documentation of bowel management, including nursing or medical intervention related to constipation until 12/29/2021.</p> <p>Facility standing orders are as follows:  <ul style="list-style-type: none"> <li>* If no bowel movement in three days, give milk of magnesia (MOM) 30ml PO (by mouth) x one dose at bedtime</li> <li>* If no bowel movement within the next shift, give Dulcolax suppository PR (per rectum) x one</li> <li>* If no bowel movement within two hours, give Fleet enema</li> <li>* If no results from Fleet enema, call physician/advanced practice provider for further orders</li> </ul> </p> <p>On 12/29/2021 at 5:51 PM Resident #1 received Magnesium Hydroxide Suspension (MOM) 30 ml by mouth as needed for Constipation Once daily for no BM (bowel movement), then at 8:02 PM s/he received a Fleet Enema. At 10:17 PM a nurse documented that the MOM and enema were effective.</p> <p>On 12/30/2021 at 12:18 AM Resident #1 received a Dulcolax Suppository with no results and at 2:13 PM s/he received a Fleets enema. At 2:48 PM nursing documented that they were ineffective.</p> <p>A skilled nursing note dated 12/31/2021 at 2:53 PM states "Pain/Interventions: C/O abdominal pain this shift; given scheduled MiraLAX per order</p>	F 684	<p><b>TAG F 684 POC Accepted on 03-02-22 by S. Freeman/P.Cota</b></p>		

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F 684	<p>Continued From page 2</p> <p>for constipation Abdominal Evaluation/Bowels/Continence: Abdomen soft but tender to palpation; C/O abdominal pain and nausea; given ginger ale and saltines; attempted to eat chicken noodle soup and lunch and didn't feel well enough to finish it; drinking well; continent of bowel and bladder; no BM today but had large BM this AM in ER. New Orders/Teaching: No new orders. Other Information: Resident arrived at facility this AM at 0730 from SVMC ER [local hospital emergency room] after receiving Lactulose and soap suds enema with large results in the ER; stated his stomach felt better on re-admission."</p> <p>Per MDS (minimum data set, a standardized comprehensive assessment of all residents in a Medicare or Medicaid certified facility) dated 12/27/2021 Section H: Bowel and Bladder does reflect that constipation was present during the assessment reference date (ARD) of 12/24/2021. The residents care plan was not updated upon return from the hospital on 12/31/2021 to reflect risks, complications, or interventions related to constipation.</p> <p>Per interview with a Registered nurse on 1/20/2022 at 6:00 PM, nurses track resident bowel movements and follow the facility bowel protocol when needed. When residents have not had a bowel movement they are added to the list and tracked in the electronic medical record, triggering when intervention is required. It is the responsibility of the nurse to check if as needed bowel medications are needed.</p> <p>During interview on 12/20/2021 at approximately 6:30 PM the Registered Nurse Supervisor confirmed that there was no documented</p>	F 684			

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F 684	Continued From page 3 evidence that Resident #1 had a bowel movement from 12/18 - 12/29/2021. S/he also stated that s/he doesn't know why the nurses did not document any intervention related to bowel management for Resident #1.	F 684			