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

May 24, 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 **April 27, 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

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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 04/27/2022

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 An unannounced on site investigation of four complaints was conducted by the Division of Licensing and Protection on 4/27/2022. There were regulatory violations identified as a result of this investigation.	F 000		
F 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the	F 550	F550 Sign was removed from the elevator door. All residents who wish to go out after 4pm have the potential to be affected by this alleged deficient practice. Staff have been educated on the allowance for residents to go outside after 4 pm as long as it is clinically warranted. Observational after hour audits will occur weekly x4 then monthly x 4 to assure adherence to this resident right. Results will be reported to the QAPI committee for 4 months. Date of correction May 24 2022. Responsible: Nursing **TAG F 550 POC Accepted on 5/23/22 by S. Freeman/ P. Cota**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE CEO (X6) DATE 5.22.22

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 550	Continued From page 1 resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to protect and promote residents rights to freedom of movement outside the facility in the absence of a clinical need. Findings include: During facility observations on 4/27/2022 an orange sign was seen taped near the elevator on the 2nd floor. The sign read "No residents out of the building after 4 PM doors will be locked." During interview with the 2nd floor Unit Manager on 4/27/2022 at approximately 3:15 PM when asked about the sign hanging at the elevator that states "No residents out of the building after 4 PM doors will be locked." S/he stated, "I think that it's supposed to be a deterrent for certain residents who shouldn't go outside." Per interview on 4/27/2022 at 5:00 PM with two Licensed Nursing Assistants on the 2nd floor, the residents are not allowed to go outside after 4:00 PM. This is due to the door being locked when their is no one downstairs to let them back in. During interview with the Administrator and the Director of Nursing on 4/27/2022 at 5:20 PM the	F 550		

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

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F 550	Continued From page 2 doors are locked at 4:00 PM when the office staff go home. The residents would not be able to get back in the building if they went out. The Administrator stated that the sign had been put up during the winter and that they would be taken down.	F 550		
F 564 SS=F	Inform Visitation Rghts/Equal Visitation Prvl CFR(s): 483.10(f)(4)(vi)(A)-(D) §483.10(f)(4)(vi) A facility must meet the following requirements: (A) Inform each resident (or resident representative, where appropriate) of his or her visitation rights and related facility policy and procedures, including any clinical or safety restriction or limitation on such rights, consistent with the requirements of this subpart, the reasons for the restriction or limitation, and to whom the restrictions apply, when he or she is informed of his or her other rights under this section. (B) Inform each resident of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse (including a same-sex spouse), a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time. (C) Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. (D) Ensure that all visitors enjoy full and equal visitation privileges consistent with resident preferences. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff	F 564	F 564 Resident #1, 2, 3 have been explained the visitation based on resident choices. All residents who receive visitors have the potential to be affected by this alleged deficient practice. Residents and responsible parties have been updated on the current visitation procedures. Staff have been educated on the current visitation procedures. Observational audits of visitation will occur weekly x 4 then monthly x 4. Results will be reported to QAPI committee for 4 months. Date of correction May 24 2022. Responsible: Administrator	

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F 564	Continued From page 3 interview, and record review the facility failed to ensure residents' rights were maintained by not allowing unrestricted visitation based on resident choices. During interview on 4/27/2022 at 10:15 AM Resident #1 stated "I am very happy here, other than the fact that my family cannot come see me without making an appointment. They live [a distance] away and can't always schedule time to come to visit, especially for only half an hour." When asked why her/his family needed to schedule half hour visits s/he stated " Because of this COVID thing. I hope it gets better soon so that I can see them." Per interview with resident #2 and her/his spouse on 4/27/2022 at 2:00 PM, s/he was recently admitted to the facility. Her/his spouse is allowed to stay with her/him all day however, s/he must leave at 4:00 PM when "visiting hours are over." The resident stated "I don't like that. What if I wanted [her/him] to join me for dinner, and stay longer? Do you think that is right?" When asked why visiting hours end at 4:00 PM s/he stated that is "when reception leaves for the day." Per interview on 4/27/2022 at 11:30 AM with Resident #3 who resides in a private room, her/his mother lives close to the facility but can't come visit without first scheduling a time. Resident #3 also stated that they are required to visit downstairs even though s/he has a private room. On 4/27/2022 at approximately 3:15 PM during an interview with the 2nd floor Unit Manager (UM) a sign that read "Compassionate care approved visits" with a list of residents names was noted to	F 564	**TAG F 564 POC Accepted on 5/23/22 by S. Freeman/P. Cota**	

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F 564	Continued From page 4 be hanging on the wall. When asked about the sign the UM stated that those residents can have visitors anytime. The other residents need to schedule appointments. There can only be a certain amount of people in the building at a time. S/he thinks that visits are allowed for an hour at a time. Residents or families need to call [the person at the front desk] between 8:00 AM and 4:00 PM. S/he sets up the visits. During interview with the Administrator and Director of Nursing on 4/27/2022 at 5:30 PM the Administrator confirmed that residents and family members are being asked to schedule visits. This is done so that the facility can limit the amount of people in the building and maintain a safe distance. When asked if the facility had a policy regarding visitation the Administrator held up a stack of papers and stated that they were using the information that CMS (Centers for Medicaid and Medicare Services) had released on 4/5/2022. However, the Long Term Care Facility Operational Guidance that CMS released on 4/5/2022 states "Facilities must allow indoor visitation at all times and for all residents as permitted under the regulations. While previously acceptable during the PHE [public health emergency], facilities can no longer limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits."	F 564		
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and	F 584		

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F 584	Continued From page 5 supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, and record review the facility failed to	F 584	F 584 No residents were affected from this alleged deficient practice. Noted areas and furniture have been cleaned, replaced or repaired. All residents have the potential to be affected by this alleged deficient practice. Nursing, housekeeping and maintenance have been educated on the use of the TELS system and the cleaning schedule for bathrooms and tub rooms. Audits of bathrooms, resident rooms and tub rooms will occur weekly x4 then monthly x4 by the nurse managers. Results will be reported to QAPI committee for 4 months. Date of correction May 24, 2022 Responsible: Maintenance, Housekeeping, Nurse Managers.	

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F 584	Continued From page 6 provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable environment. Findings Include: 1. During observations of residents rooms on 4/27/2022 between 9:45 AM- 11:00 AM the following was revealed: Room 301 bathroom ceiling tiles with water stains; Room 313 a night stand with ripped edges and peeling finish; Room #315 a piece of radiator peeling off with edges; Room 318 a dresser and night stand with peeling finish; Room 321 dried urine around base of toilet; Room # 322 the bathroom cove base at the right of entrance peeling back off the wall at entry way. Dresser with peeling finish; Room # 324 Phone jack was tom from the wall. Phone not working. Dresser peeling. Dirty Utility room on the 2nd floor noted to have a mouse trap and a large rat trap on the floor and a resident undergamment soiled with feces soaking In the hopper. During a walk through with Director of Environmental Services (DES) and the House Keeping Supervisor on 4/27/2022 at 2:00 PM the DES stated that the staff should put a work order into TELS (a building management system) to alert maintenance that something Is broken or not working. Per the DES none of the above Issues had been entered into TELS for repair. 2. During Interview with Resident #3 on 4/27/2022 at 11:30 PM s/he stated that the floor In the communal shower room is always dirty and there Is always a build up of hair in the drain when s/he	F 584	**TAG F 584 POC Accepted on 5/23/22 by S. Freeman/P. Cota**	

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F 584	Continued From page 7	F 584		

uses the shower. Per observation of the Unit 2 shower room the drain was noted to have a layer of hair that appeared to have dried onto the drain.

During the walk through with DES and the House Keeping Supervisor on 4/27/2022 at 2:00 PM the House Keeping Supervisor confirmed that the drain had resident hair dried onto it and that the Housekeeping Staff should be cleaning the floor and the drain of the shower daily.

3. During unit observation on 4/27/2022 at 9:45 AM a bath chair located in the Unit 3 shower room was noted to have dried brown substance that appeared to be feces on the inner rim of the seat. The tub was observed to be wet with bubbles at the bottom which appeared to be soap. At 10:30 a Licensed Nursing Assistant (LNA) was observed bringing the bath chair to a resident's room to transport the the resident to the shower room. The LNA asked another LNA to assist her/him with the resident. Upon entering the room this surveyor asked if there was a protocol for disinfecting the chair and tub between use, they both answered "yes." One LNA stated that staff "would usually disinfect the chair and tub after use, but obviously they hadn't.".

4. During the walk through with the DES and House Keeping Supervisor on 4/27/2022 at 2:10 PM the tub was observed to have a quarter sized piece of brown material stuck to the drain/filter toward the foot area of the tub. The DES confirmed that it appeared to be resident feces and that the tub should be disinfected between use.

At 4:15 PM on 4/27/2022 during interview with the Unit 3 Unit Manager (UM) the brown material was

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F 584	Continued From page 8 still stuck to the drain/filter of the tub. The UM confirmed that the material was feces and that the tub should have been cleaned and disinfected after the last use.	F 584	F 925 No residents were affected by this alleged deficient practice.	
F 925 SS=F	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, and record review the facility failed to maintain an effective pest control program that prevents infestation of rats. Per Interview on 4/27/2022 at 11:30 AM with resident #3 one night there had been a rat caught in a trap and was banging around in the housekeeping closet. The resident reported that this rat had been caught by the legs and was still alive. Another night a rat was in her/his room running around the outer edges of the room. The resident also reported that another rat had been caught in a trap and was drowned by a nurse in a mop bucket. Per the resident this had been going on since last summer. On 4/27/2022 at approximately 12:00 PM during interview with a Licensed Nursing Assistant (LNA) on the 2nd floor s/he stated that they had an issue with rats. The LNA stated "it's been happening the last few months. Two nurses saw a large rat in the utility closet. There is a log at the nurses station where we write down when we see one."	F 925	All residents have the potential to be affected by this alleged deficient practice. Pest control Program has been in place and is effective. There has been no noted activity since March 10, 2022. Floor in dry storage area has been cleaned. Continue Pest sighting sheets in kitchen and on floors. Kitchen staff have been educated on the cleaning schedule for the dry storage area. Pest sighting sheets are maintained on the floors and will be audited weekly x4 and monthly x4. Dry Storage area cleaning will be audited weekly x4 and monthly x4. Results will be reported to the QAPI committee for 4 months. Date of correction May 24, 2022 Responsible: Maintenance, Director of Food Services.	

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F 925	Continued From page 9 Per review of the 2nd floor "Pest sighting log" located behind he nurses station staff had documented: 1/29/2022 Large Rat 2nd floor kitchen in front of fridge. 2/2/2022 Very large rat 2nd floor bread box got into 2 loafs of bread no good. 2/9/2022 Large rat. 2/19/2022 Large rat house keeping closet was seen in mop bucket and nurse killed it. During observation of the dry storage room on 4/27/2022 at 1:00 PM there were several rat droppings on the floor under a shelf that holds dry storage including; powdered food ingredients, cans, and other food products. Above this shelf there was an open space where a ceiling tile belonged. The ceiling in another area of the room had pieces of steel wool closing off holes where pipes entered the ceiling. In a corner of the same room in a screened in area there were multiple packets on the floor that appeared to be peanut butter and coffee creamers. There were visible chew marks in these containers exposing the contents. On 4/27/2022 at approximately 1:30 PM the Environmental Service Director (ESD) confirmed that the facility had experienced a rat infestation. S/he reported that at different times there had been rats in the halls, kitchen, laundry, unit kitchenettes, and resident rooms. The ESD reported that there had been work being done on the sewer lines and it disrupted the rats causing them to enter the facility. The ESD stated the exterminator that the management company had used was not doing a great job, and s/he convinced corporate to go back to using their original exterminator. Review of the current	F 925	**TAG F 925 POC Accepted on 5/23/22 by S. Freeman/P. Cota**	

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F 925	Continued From page 10 contract with the exterminator the agreement was signed on 11/23/2021. They were making progress so they increased the visits to three times weekly. The exterminator now has traps placed throughout the building, and there has been no activity in 2 months. When this surveyor showed the ESD the rat droppings on the floor in the dry storage area s/he reported that dietary staff have been instructed to mop the dry storage room with bleach nightly. Per review of the April 2022 mop check off sheet located in the dry storage area there were several blank spaces indicating that indicate it had not been done. This was confirmed by both the ESD and the Dietary Director. On 4/27/2022 at 5:30 PM during interview with the facility Administrator, s/he reported that the issue with the rats had already been investigated weeks ago by another surveyor. However, review of the 4/11/2022 investigation that was conducted by the other surveyor, the information that had been provided by the Administrator indicated that there had been just one rat that was trapped and killed, as opposed to an actual infestation of rats that was confirmed during this investigation.	F 925		