

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

November 23, 2022

Ms. Amy Russell, Administrator
Bennington Health & Rehab
2 Blackberry Lane
Bennington, VT 05201-2300

Dear Ms. Russell:

Enclosed is a copy of your acceptable plans of correction for the extended survey conducted on October 25, 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: 11/10/2022
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 10/25/2022
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 An unannounced on-site extended survey was conducted by the Division of Licensing and Protection on 10/25/2022, due to the determination of substandard quality of care as a result of the annual recertification survey, which was completed on 10/14/22. There were regulatory violations identified as a result of this survey.	F 000		
F 686 SS=E	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that: (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure that 4 of 4 residents reviewed for pressure ulcers (Residents #49, 44, 52, and 6) received necessary treatment and services consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. Record review and staff interview on 10/25/22	F 686	Bennington Health & Rehabilitation Center provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. The plan of correction is prepared and executed solely because it is required by federal and state law. Please refer to the F686 POC from 10/14/22. As mentioned in the 2567 from 10/14/2022 NSG 236 Skin Integrity and Wound Management. Education continues with emphasis on Braden Scale Assessment and weekly skin checks. F686 POC accepted 11/22/22 pmeotan	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Interim Admin. (X6) DATE 11/11/22

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 686	<p>Continued From page 1 reveals the following in regards to care to prevent pressure ulcers.</p> <p>Resident #49, with an admission date of 9/17/22 had a Braden Scale Assessment (standardized tool used to assess pressure ulcer risk) completed on admission; no further Braden Scale assessments were found. A skin inspection "skin Check" was done once on 10/2/22.</p> <p>Resident #44, with an admission date of 10/11/22 had a Braden scale assessment completed on admission. No other Braden Scale assessments were found. A skin inspection was done 10/19/22, and no other skin inspections were found.</p> <p>Resident # 52, with an admission date of 9/30/22 had a Braden Scale assessment completed on admission. No other Braden Scale assessments were found. A skin inspection was done 10/4/22 and on 10/18/22. No other skin inspections were found.</p> <p>Resident # 6, with an admission date of 9/7/22 had a Braden assessment done on admission, and no further Braden assessments were found. A skin inspection was done on 10/19/22, but no further skin inspections were found.</p> <p>Per policy review of "NSG236 Skin and wound management", under Practice and Standards, #3 states to complete risk evaluation on admission/readmission, weekly for the first month, then quarterly, and with significant change in condition. "#6.4 Perform and document skin inspection on all newly admitted/readmitted patients weekly thereafter and with any significant change."</p>	F 686			

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F 686	Continued From page 2 Per interview on 10/25/22 at 2:33 PM, the Director of Nursing confirms the above findings from resident #49, # 44, # 52 and #6's record review. S/he also confirms that per the policy the assessments and skin inspection have not been completed per policy. S/he also confirmed that the skin risk evaluation that is referred to in the Policy NSG236 Skin and Wound Management is the Braden Scale assessment.	F 686	Residents #5, #9 and #18 are up to date on physician visits. All residents/patients have the potential to be affected by the alleged deficient practice.	
F 712 SS=E	Physician Visits-Frequency/Timeliness/Alt NPP CFR(s): 483.30(c)(1)-(4) §483.30(c) Frequency of physician visits §483.30(c)(1) The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter. §483.30(c)(2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. §483.30(c)(3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally. §483.30(c)(4) At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that physician visits	F 712	House audit conducted to ensure residents/patients have been seen by a physician at least once every 30 days for the first 90 days after admission and at least once every 60 days thereafter, allowing a 10 day grace period. Education is being provided to the attending physicians on visit frequency requirements. The center is also actively recruiting to hire a NP/PA. Audits will be conducted weekly x3 and monthly x3 by DON or designee to monitor effectiveness of the plan. Results of the audit will be reported to the QAPI committee at which time the committee will evaluate the data and act on the information as indicated. Date of Compliance 11/25/2022. <i>all</i> F712 POC accepted 11/22/22 <i>pmc@turn</i>	

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F 712	Continued From page 3 occurred every 30 days for the first 90 days after admission and at least 60 days thereafter for 3 of 5 sampled residents (Residents #5, #9, and #18). Findings include: 1. Per record review, Resident #5 was readmitted to the facility on 4/12/2022. On 4/18/2022, Resident #5's attending physician wrote an admission assessment note that included a review of the Resident's total program of care. The record shows no additional assessment notes from the physician, or any other provider, that includes a review of the Resident's total program of care to date. 2. Per record review, Resident #9 was admitted to the facility on 3/17/2022. On 3/21/2022, Resident #9's attending physician wrote an admission assessment note that included a review of the Resident's total program of care. There was no additional assessment notes of this nature until 6/21/2022, when the Resident's attending physician wrote an assessment note titled "regulatory visit" that included a review of the Resident's total program of care. Following this note, there are no other notes of this nature in the record by the attending physician, or any other provider, to date. 3. Per record review, Resident #18 was admitted to the facility on 4/28/2022. On 5/3/2022, Resident #18's attending physician wrote an admission assessment note that included a review of the Resident's total program of care. There was no additional assessment note of this nature until 10/11/2022, when the Resident's attending physician wrote an assessment note titled "regulatory visit" that included a review of	F 712			

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F 712	<p>Continued From page 4 the Resident's total program of care.</p> <p>Per review of the facility's policy Physician Services, the policy reads, "1. The Administrator will establish a process for tracking licensed practitioner visits according to the Standards and Procedures for all Licensed Independent Practitioners as well as state and federal regulations. 2. The Administrator will identify designee(s) to track and manage practitioner visits utilizing PointClickCare (the electronic health record)... 3. The Center Executive Director will review the physician visits report from PointClickCare weekly to identify passed due visits."</p> <p>Per interview on 10/25/2022 at approximately 2:30 PM, the attending physician for Residents #5, #9, and #18 confirmed that the documentation for physician visits in the record is accurate. They also confirmed that the Administrator did not have communication with them regarding past due physician visits.</p>	F 712			