Division of Licensing and Protection HC 2 South, 280 State Drive Waterbury, VT 05671-2060 <u>http://www.dail.vermont.gov</u> 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,

Jamela Mcota RN

Pamela M. Cota, RN Licensing Chief

	IMENT OF HEALTH	HAND HUMAN SERVICES			FORM	11/10/2022 APPROVED
CENTER	RS FOR MEDICAR	E & MEDICAID SERVICES		E CONSTRUCTION	(X3) DATE	0938-0391 SURVEY
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COM	PLETED
3		475027	B. WING			25/2022
NAME OF	PROVIDER OR SUPPLIER		1	TREET ADDRESS, CITY, STATE, ZIP COL	DE	
BENNIN	GTON HEALTH & RE	HAB	-	BLACKBERRY LANE BENNINGTON, VT 05201		
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ny deficien afeguards p	cy statement ending with provide sufficient protection	an asterisk (*) denotes a deficiency which in to the patients. (See instructions.) Exc f correction is provided). For nursing hom to the facility. If deficiencies are cited, an	the institution	findings and plans of correction are disc	losable 14 days fo rogram participatio	bllowing the d
ORM CMS-2	567(02-99) Previous Versio	ns Obsolete	11 F	acility ID: 475027	If continuation sl	neet Page 1 (
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DEPART		AND HUMAN SERVICES					FORM	11/10/2022 APPROVED 0938-0391
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ali Ali	document skin insp admitted/readmitte	d patients weekly thereafter icant change."						
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IEACH DEPRICENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING NORMATION)PREFX TAGCACH CORRECTIVE ACTION SHOULD BE CROSS-REPERENCE TO THE APPROPRIATE DEFICIENCY)COMPL DEPRICENCY)F 686Continued From page 2F 686Per interview on 10/25/22 at 2:33 PM, the Director of Nursing confirms the above findings from resident #49, # 44, # 62 and #65 record review. She also confirms that per the policy the assessments and skin inspection have not been completed per policy. She also confirms that per the policy the assessment as and skin inspection have not been completed per policy. She also confirms that per the policy the assessment is the Braden Scale assessment.F 712F 712Physician Visits-Frequency/Timeliness/Alt NPP SS=ECFR(s): 483.30(c)(1)-(4)F 712SS=ECFR(s): 483.30(c)(1)-(4)F 712Syd83.30(c)(2) A physician visit is considered timely fit loccurs not later than to the set once every 60 thereafter.F 712Syd83.30(c)(2) A physician visit is considered timely fit accurs not later than to the set on physician and visits by a physician, required visits in SNFs, after the injudy wisit, may alternate between personal visits by the physician and visits by a physician set of the systican, required visits ins SNFs, after the injudy visit, pay alternate between personal visits by the physician and visits by a physician set of the systican. This REQUIREMENT is not met(as evidenced by; Based on staff interview and record review, the facility failed to ensure that physician set 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 section and visits prepresention.F 712 </td <td></td> <td>GION NEALTH & KEI</td> <td>TAB SULLE</td> <td>E</td> <td>BENNINGTON, VT 05201</td> <td></td> <td></td>		GION NEALTH & KEI	TAB SULLE	E	BENNINGTON, VT 05201		
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K F 712	the Resident's total Per review of the fa Services, the policy will establish a proc practitioner visits ac Procedures for all L Practitioners as wel regulations. 2. The designee(s) to track visits utilizing Point(health record) 3. T Director will review from PointClickCare due visits." Per interview on 10/ 2:30 PM, the attend #5, #9, and #18 con documentation for p is accurate. They als	program of care. cility's policy Physician reads, "1. The Administrator ess for tracking licensed coording to the Standards and icensed Independent as state and federal Administrator will identify and manage praditioner ClickCare (the electronic The Center Executive the physician visits report e weekly to identify passed 25/2022 at approximately ing physician for Residents firmed that the hysician visits in the record so confirmed that the t have communication with due physician visits.	F 712		

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