



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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 29, 2023

Mr. Edwin Rojas, Administrator
Bennington Health & Rehab
2 Blackberry Lane
Bennington, VT 05201-2300

Dear Mr. Rojas:

Enclosed is a copy of your acceptable plans of correction for the investigation survey conducted on **February 10, 2023**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

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 02/10/2023
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 investigation of a facility reported incident was conducted by the Division of Licensing and Protection on 2/6 -2/10/2023. There were regulatory violations identified as a result of this investigation. Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c)	F 000	Please note that the filing of this plan of correction does not constitute admission to any of the alleged violations set forth in this statement of deficiencies. This plan of correction is being filed as evidence of the facility's continued compliance with all app F726	
F 726 SS=F	§483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident	F 726	1. No residents were identified. Staff #1, #2, #3 & #4 have completed required competencies. 2. Staff competencies will be completed for all licensed staff per the Facility Assessment. 3. Nurse Educator and Unit Managers have been in serviced on providing the necessary competencies for licensed staff. 4. Personnel files of licensed staff will be audited for completion of competencies. Audits will be conducted weekly X3 then monthly X3 by the Director of Nursing or Designee. The results of the audits will be reported and reviewed at the QAPI Committee meeting X4 months and evaluated as needed. Oversight will be provided by the DON or Designee. licable law. Tag F 726 POC accepted on 3/28/23 by S. Freeman/P. Cota	3/24/23

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

Cindy L. Davis, BSN, RN - CDR
3/28/2023
(originally submitted 3/7/2023)

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 PRINTED: 02/23/2023 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES 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 02/10/2023
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F 726	<p>Continued From page 1</p> <p>assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and record review the facility failed to ensure that 4 of 4 Licensed Nursing Assistants (LNA) (LNAs #1, #2, #3, and #4) possessed necessary competencies to care for the resident needs based on their plans of care. *This is a repeat deficiency.</p> <p>Review of 4 Licensed Nursing Assistants' education files revealed the following:</p> <p>LNA #1's education file revealed that there was no evidence that LNA #1 was assessed for any competencies since 2020.</p> <p>LNA #2's education file revealed two Clinical Competency Evaluations titled "Hand Hygiene" and "Turn and Reposition the Patient" dated 6/21/2022. There was no evidence that the LNA had been evaluated for any other competencies related to the care of the residents.</p> <p>LNA #3's education file revealed that a "Resident Lift/Transfer Safety Observation Form" was completed on 6/6/22. There was no evidence of competency evaluation.</p> <p>LNA #4's education file revealed a "Hand Hygiene" Clinical Competency Evaluation on 6/16/2022 and a "Resident Lift/Transfer Safety Observation Form" dated 7/6/22. There was no evidence of any other competency evaluations since 2021.</p> <p>Per interview with the Director of Nursing (DON) on 2/7/23 at 3:55 PM s/he does not know what the past educator did for competencies. The DON</p>	F 726		

Cynthia LaDy BSN, RN-CAR

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F 726 F 838 SS=F	<p>Continued From page 2</p> <p><i>confirmed</i> that the LNAs education files did not have evidence that the LNAs had been assessed for necessary competencies required to care for the Residents.</p> <p>Facility Assessment CFR(s): 483.70(e)(1)-(3)</p> <p>§483.70(e) Facility assessment. The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include:</p> <p>§483.70(e)(1) The facility's resident population, including, but not limited to,</p> <ul style="list-style-type: none"> (i) Both the number of residents and the facility's resident capacity; (ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population; (iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population; (iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and (v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the 	F 726 F 838	<p>1.No residents were identified. The Facility Assessment was reviewed and revised to take into account required competencies.</p> <p>2.Staff competencies have been developed for all staff.</p> <p>3. The Facility Assessment will be reviewed at least annually and upon significant changes in the resident population. We will continue to evaluate all new admissions care needs as it relates to staff competencies.</p> <p>4.Review of the Facility Assessment will be conducted periodically for significant changes in the resident population. The Administrator will be responsible for initiating reviews. The results of the review will be reported at the QAPI Committee meeting X4 months and evaluated as needed. Oversight will be provided by the Administrator or Designee.</p> <p>Tag F 838 POC accepted on 3/28/23 by S. Freeman/P. Cota</p>	3/24/23

Continued from page 1 BSO, RN-CWE

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F 838	<p>Continued From page 3</p> <p>facility, including, but not limited to, activities and food and nutrition services.</p> <p>§483.70(e)(2) The facility's resources, including but not limited to,</p> <p>(i) All buildings and/or other physical structures and vehicles;</p> <p>(ii) Equipment (medical and non-medical);</p> <p>(iii) Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies; (iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;</p> <p>(v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and</p> <p>(vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.</p> <p>§483.70(e)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to address in the facility assessment the trainings and competencies necessary to provide the level and types of care needed by the population identified in the facility assessment. Findings include:</p> <p>During an interview with the Director of Nursing (DON) on 2/7/23 at 3:55 PM regarding staff competencies s/he was asked how the facility</p>	F 838		
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Concely K. [Signature] BSO, RN-CWE

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F 838	<p>Continued From page 4</p> <p>determined what competencies were necessary to provide care of the Residents in their care. The DON stated that s/he did not know what the previous Staff Educator had done regarding training and competencies and asked what competencies would be expected to be evaluated with staff. When the DON was asked if the Facility Assessment was used to identify necessary competencies s/he stated that s/he was in the process of developing the Facility Assessment using a new computer program. S/he had completed up the staff training and competency section. S/he was not aware of a current Facility Assessment.</p> <p>During interview on 2/7/23 at 4:00PM the Administrator, Administrator in training, and DON confirmed that they were unable to locate the current Facility Assessment.</p> <p>Per review of a Facility Assessment provided by the Interim Administrator via email on 2/8/2023 reflects the following: Part 2 ii. Staffing, Training, Services & Personnel A.1. Function - Sufficiency Analysis Summary...</p> <p>Health-Stream/ Vital Learn System for Staff Education and training, RN NPE [Nurse Practice Educator]</p> <p>Genesis Healthcare has a Comprehensive Educational policy and Procedure manual for each department complete with competencies. We have a Central Staff Scheduler, A Human Resource Manager and a Nursing Educator to ensure the Overall Staffing, Staff Competencies, and Services provided meet the needs of the residents.</p> <p>The provided Facility Assessment does not</p>	F 838		
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Cindy Taylor, BA, CPE

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F 838	Continued From page 5 indicate what specific competencies are necessary to provide care to the Residents who reside in the facility. Nor does the assessment indicate which competencies will be evaluated.	F 838		

Candice L. Davis BSN, RN-CVE