



**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

September 11, 2023

Ms. Tabitha Davis-Barron, Administrator  
Bennington Health & Rehab  
2 Blackberry Lane  
Bennington, VT 05201-2300

Dear Ms. Davis-Barron:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **August 23, 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,

*Pamela M. Cota RN*

Pamela M. Cota, RN  
Licensing Chief

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/23/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BENNINGTON HEALTH &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 BLACKBERRY LANE</b> <b>BENNINGTON, VT 05201</b>
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced onsite investigation was conducted by the Division of Licensing and Protection for complaint #22160 at Bennington Health and Rehabilitation on 08/23/23 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory violations were noted:                  Care Plan Timing and Revision                  CFR(s): 483.21(b)(2)(i)-(iii)</p> <p>§483.21(b) Comprehensive Care Plans                  §483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.                  (ii) Prepared by an interdisciplinary team, that includes but is not limited to--                  (A) The attending physician.                  (B) A registered nurse with responsibility for the resident.                  (C) A nurse aide with responsibility for the resident.                  (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s).                  An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.                  (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.                  (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p>	F 000	<p>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 applicable law.</p>	
F 657 SS=D		F 657	<p><b>F657 Specific Corrective Action</b></p> <ol style="list-style-type: none"> <li>1) Resident #2 care plan was updated</li> <li>2) Care plans were reviewed for residents on altered diets</li> <li>3) Education on aspiration precautions to be provided to direct care staff</li> <li>4) Care plan Audits to be completed on current and new residents who have altered diets or are considered aspiration risks. Audits to be completed by DON or designee weekly x3 then Monthly x3</li> </ol> <p>Date of compliance 9/18/23</p> <p><b>Tag F 657 POC accepted on 9/9/23 by G. Mercure/P. Cota</b></p>	

*[Handwritten Signature]* LNHA

*[Handwritten Signature]* CED

*[Handwritten Signature]* 9/8/23

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F 657	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to review and revise care plan interventions for one resident (#2).</p> <p>Review of resident #2's medical record indicates this resident was admitted on 05/29/23. S/he has dysphagia due to a stroke. The resident was hospitalized per a Southern Vermont Medical Center Emergency Department note (08/17/21) for pneumonia due to aspiration. This resident is on a diet consisting of puree foods and thickened liquids and per a nutrition note (07/11/23) "all meals are to be taken out of bed per provider." A care plan (date initiated 07/21/23) intervention indicates "Resident will remain out of bed 20 min after meals as tolerated" but does not show that all meals are to be taken out of bed.</p> <p>Progress notes indicate the resident refuses to get out of bed for meals most of the time, however one note (08/07/23) indicates "Resident unable to get out of bed due to staffing shortage. One LNA on South wing."</p> <p>Observation of the resident and interview with the second-floor nurse, on 08/23/23 at 12:25pm during the lunch hour, revealed that the resident was new to the unit as s/he had moved from the 3rd floor just the day before. This nurse was not familiar with the resident's physician orders. In looking at the orders with the nurse, the record was noted to show a change in the order to read "Out of bed as tolerated for meals" (08/11/23). The resident was not out of bed at the time due to refusal but would be assisted to eat when her meal arrived per this nurse. The nurse confirmed</p>	F 657		

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F 689 SS=D	<p>that the care plan was not updated to show this change.</p> <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on review of documentation, record review and interview, the facility failed to provide adequate safety supervision and assistance to prevent an accident for one resident (#1).</p> <p>Findings include:</p> <p>On 08/23/23 review of resident #1's medical record indicates the resident was admitted on 07/28/23 with the following diagnoses: Pneumonia, Chronic Respiratory Failure, Chronic Kidney Disease, Chronic Lower Leg Ulcers and other comorbidities. S/he requires light assistance with ADLs, is continent of urine/bowels and ambulates with a walker. The admission assessment reveals a Brief Interview for Mental Status (BIMS) score of 14. A score of 13-15 suggests the resident is cognitively intact.</p> <p>A nurse note (08/05/23-15:26) reveals the resident was sitting near the elevator and stated, "[his/her] father is picking [him/her] up in a black car", refused treatment and would not go back to</p>	F 689	<p>F689 Specific corrective Action</p> <p>1) Exit door alarms checked for malfunction immediately</p> <p>2) Testing was completed to ensure alarms could be heard on various different sections of the unit, including in resident rooms.</p> <p>3) Education provided to all current and new staff, upon hire, on exit door alarms and proper response when they are heard.</p> <p>4) Drills to be completed by the Maintenance director or designee on door alarms and proper response weekly x3 then monthly x3, results to be discussed at Quapi.</p> <p>Date of compliance 9/18/23</p> <p>Tag F 689 POC accepted on 9/9/23 by G. Mercure/P. Cota</p>	

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F 689	<p>Continued From page 3</p> <p>their room. The resident was later "observed sitting south side stairwell by 2nd floor by 2nd floor nurse. Staff assisted [him/her] to [his/her] wheelchair which the resident left at the top of the 3rd floor North side stairwell" as noted on 08/05/23 at 17:15. The resident was assessed, and no injuries were noted. Labs were ordered.</p> <p>The facility Investigation Elopement Report (08/05/23) indicates the "Resident's wheelchair parked inside stairwell at the top of the stairs and wheelchair breaks were locked". The resident was observed sitting on the second floor southside stairwell by a second-floor nurse. The report notes the resident stated, "I am going home and walked downstairs." This report also indicates that some staff did not hear the alarm and a travel staff member thought what s/he heard was a fan and was not aware that the doors were alarmed. This incident occurred between approximately 4:45pm and 5:15pm.</p> <p>According to a physician progress note and assessment (08/07/23 - 01:00), the resident displayed mental confusion, weakness and was unable to transfer. Labs were obtained a few days before on 08/05/23 and a urinalysis was ordered due to this change in condition. These labs were reviewed, and the patient was transferred to the Emergency Room (ER) for further evaluation.</p> <p>Interview with the Director of Nursing (DON) and Administrator on 08/23/23 confirmed that the resident was found in the stairwell due to increased confusion which came on quickly related to a decline in health, and staff were unable to hear the door alarm. It was confirmed that a travel staff member was not aware that exit doors are alarmed.</p>	F 689		

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