



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

July 31, 2024

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 **July 5**, **2024**. 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

Enclosure

PRINTED: 07/30/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
			A. BUILDIN	DING			С
		475027	B. WING_			1	05/2024
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
DENING	70N HEALTH & DELLAD			2	BLACKBERRY LANE		
BENNING	TON HEALTH & REHAB			В	BENNINGTON, VT 05201		
(X4) ID			ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	((EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 000	The Division of Licen conducted an unanno investigation of intake and #22906 on 6/25/2 compliance with 42 C for Long Term Care Fregulatory violations is investigations. Nutrition/Hydration State CFR(s): 483.25(g)(1)-\$483.25(g) Assisted in (Includes naso-gastric both percutaneous en percutaneous endoscenteral fluids). Based comprehensive assessensure that a resident \$483.25(g)(1) Maintain of nutritional status, sudesirable body weight balance, unless the redemonstrates that this preferences indicate of \$483.25(g)(2) Is offered maintain proper hydrate \$483.25(g)(3) Is offered there is a nutritional provider orders a there a This REQUIREMENT by:	sing and Protection nunced, onsite complaint is #22877, #22956, #22902, 24-7/5/2024 to determine FR Part 483 requirements acilities. There were dentified as a result of the atus Maintenance (3) uttrition and hydration. and gastrostomy tubes, doscopic gastrostomy and opic jejunostomy, and on a resident's sment, the facility must ns acceptable parameters uch as usual body weight or range and electrolyte sident's clinical condition is not possible or resident otherwise; and sufficient fluid intake to tion and health; and a therapeutic diet when soblem and the health care apeutic diet. is not met as evidenced	F 6	92	Please note that the filing of this pla correction does not constitute admis any of the alleged violations set fort statement of deficiencies. This plan correction is being filed as evidence the facility's continued compliance wall applicable law. F692 Specific Corrective Action 1. Resident # 2, 3, 4, 5, and 6 weigh being monitored to verify potential si weight loss or gains and that reweigh completed for any body weight not expected, then a re-weigh was comparable that weights are obtained order and if a resident body weight is expected, then a re-weigh was comparable includes validation that anyone significant weight loss or gain of 5% month or 10% in 6 months had notific of this change to the Provider, Regist Dietician, and responsible party for fur recommendations. 3. The facility obtains resident weigh the MD order. If the body weight is nexpected, then the resident weight for fur recommendations. 3. The facility obtains resident weight he MD order. If the body weight is nexpected, then the resident weight for fur resident with significant weight for 5% in one month or 10% in 6 mon will have notification to the provider, and responsible party for further recommendations. Licensed nurses we re-educated to this process.	ts are gnificarns are xpected ompleted per MD not as letted with a in one cation tered urther ts per ot as leted. Dess/gair ths RD,	t I.
	failed to monitor weigh	nd record review the facility ts and verify potential = and gains as needed for 5					
ADODATORYD	DESTORIS OF FROM ACCEDIO	IPPLIER REPRESENTATIVE'S SIGNATURE			TITI F		X6) DATE

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.

CNHA

OF DEFICIENCIES F CORRECTION	IDENTIFICATION NUMBER:			СОМР	COMPLETED	
	475027	B. WING		07/05/2024		
			2 BLACKBERRY LANE			
SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		ULD BE	(X5) COMPLETION DATE			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 of 6 residents sampled (Residents #2, #3, #4, #5, and #6). Findings include: 1. Per record review Resident #2 has a Physicians order for monthly weights. Review of the Resident's Weight Summary revealed significant weight changes of 12.60% weight loss over one month and 10.82% over six months. On 1/3/24 the Resident's weight was documented as 245 lbs. one month later, on 2/3/24 the weight was documented as 256.0 lbs., an 11 lb. weight gain. There is no evidence that the resident was reweighed. On 5/15/24 the Resident's weight was documented as 250 lbs., on 6/3/24 the weight was documented as 218.5 lbs., a 31.5 lb. weight loss. There is no documentation that reweighs were obtained. 2. Per record review Resident #3 had documented significant weight loss of 6.72% over one month and 10.39% loss over six months. Review of the Resident's Weight Summary reveals that on 1/16/24 the Resident weighed 139.5 lbs., on 5/15/24 the Resident weighed 139.5 lbs., on 5/15/24 the Resident weighed 134 lbs., and on 6/19/24 the Resident weighed 134 lbs., and on 6/19/24 the Resident's weight was 125 lbs., a 9 lb. weight loss over one month and 14.5 lb. weight loss. There were no documented reweighs in the record. 3. Per record review Resident #4 was admitted to the facility on 5/29/24. Review of Resident #4's care plan reveals that they are at risk for unplanned weight changes with a goal of		F 692	4. DON/Designee will complete resident weight records to valida process for reweighing and notif significant weight loss/ gain is for These audits will be weekly x 4 bi-weekly x 4 weeks, then month months. Results of these audits brought to the monthly QAPI Co or further review and recommendate of Compliance 8/6/2024	ate the fication of bllowed. weeks, hly x 3 will be bommittee fidations.		
	ROVIDER OR SUPPLIER TON HEALTH & REHAB SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page of 6 residents sample and #6). Findings inc. 1. Per record review I Physicians order for review I Physicians	TON HEALTH & REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 of 6 residents sampled (Residents #2, #3, #4, #5, and #6). Findings include: 1. Per record review Resident #2 has a Physicians order for monthly weights. Review of the Resident's Weight Summary revealed significant weight changes of 12.60% weight loss over one month and 10.82% over six months. On 1/3/24 the Resident's weight was documented as 245 lbs. one month later, on 2/3/24 the weight was documented as 256.0 lbs., an 11 lb. weight gain. There is no evidence that the resident was reweighed. 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Review of Resident #4's care plan reveals that they are at risk for unplanned weight changes with a goal of "maintain weight within +/- 5 pounds [for] 90	ROVIDER OR SUPPLIER TON HEALTH & REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 of 6 residents sampled (Residents #2, #3, #4, #5, and #6). Findings include: 1. Per record review Resident #2 has a Physicians order for monthly weights. Review of the Resident's Weight Summary revealed significant weight changes of 12.60% weight loss over one month and 10.82% over six months. On 1/3/24 the Resident's weight was documented as 245 lbs. one month later, on 2/3/24 the weight was documented as 256.0 lbs., an 11 lb. weight gain. There is no evidence that the resident was reweighed. On 5/15/24 the Resident's weight was documented as 250 lbs., on 6/3/24 the weight was documented as 250 lbs., on 6/3/24 the weight was documented as 218.5 lbs., a 31.5 lb. weight loss. There is no documentation that reweighs were obtained. 2. Per record review Resident #3 had documented significant weight loss of 6.72% over one month and 10.39% loss over six months. Review of the Resident's Weight Summary reveals that on 1/16/24 the Resident weighed 134 lbs., and on 6/19/24 the Resident weighed 134 lbs., and on 6/19/24 the Resident weight was 125 lbs., a 9 lb. weight loss over one month and 14.5 lb. weight loss over one month and 14.5 lb. weight loss. There were no documented reweighs in the record. 3. Per record review Resident #4 was admitted to the facility on 5/29/24. Review of Resident #4's care plan reveals that they are at risk for unplanned weight changes with a goal of "maintain weight within +/- 5 pounds [for] 90 days."	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Per record review Resident #3 had documented significant weight loss of 6.72% over one month and 10.39% loss over six months. Review of the Resident's Weight Summary reveals that ton 1/16/24 the Resident weighed 134 lbs., and on 6/19/24 the Resident weighed 139.5 lbs., and 5/15/24 the Resident weighted 134 lbs., and on 6/19/24 the reveals that they are at risk for unplanned weight changes with a goal of "maintain weight within +/- 5 pounds [for] 90 days."	A BUILDING A75027 B WMG STREET ADDRESS. CITY. STATE. 2IP CODE 2 BLACKBERRY LANS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY BUST SE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 1 of 6 residents sampled (Residents #2, #3, #4, #5, and #6), Findings include: 1. Per record review Resident #2 has a Physicians order for monthly weights. Review of the Resident's Weight Summary revealed significant weight changes of 12 60% weight loss over one month and 10.82% over six months. On 1/3/24 the Resident's weight was documented as 245 lbs., on emonth later, on 2/3/24 the weight was documented as 250 lbs., on 6/3/24 the weight was documented as 2518 lbs., and 11 lb. weight loss. There is no evidence that the resident was reweighed. 2. Per record review Resident #3 had documented as 250 lbs., on 6/3/24 the weight was documented as 250 lbs. on 6/3/24 the Resident weight and 6/3/4 lbs., and on 6/3/24 the Resident weight with a documented weight loss. There were no documented reweighs in the record. 3. Per record re	

MARE OF PROMIDER OR SUPPLIER BENNINGTON HEALTH & REHAB STREET ADDRESS. CITY. STATE, ZIP CODE 2 BLACKBERRY LANE BENNINGTON, VT 05201 STREET ADDRESS. CITY. STATE, ZIP CODE 2 BLACKBERRY LANE BENNINGTON, VT 05201 FROM DESCRIPTION OF DEPICIENCES GEACH DEPRICARY WIGHT SE PRECEDED BY PILL RESULATORY ORLSC IDENTIFYING INFORMATION) F 692 Continued From page 2 5/30/24 - 6/28/24 reveals that daily weights were not obtained on 8 of the 30 days. Further review also revealed that Resident #4 had significant fluctuations in weight with no documented reweight. On 6/3/2024 the Resident's weight was documented as 408.5 Lbs. On 6/4/2024 the Resident's weight was documented as 372.0 Lbs., and on 6/10/2024 it was documented as 379.3 Lbs., a 7.3 b. weight gian in one day. On 6/19/24 their weight was 370.2 bs., and on and 6/21/2024 358.0 bs. indicating a 22 lb. weight loss. There was no documentation that Resident #4 was reweighed on any of the following dates to rule out changes in clinical status or verify if it was an accurate weight. 4. Per record review Resident #5 has a Physicians Order for monthly weights. Review of the Resident's Weight Summary reveals a significant weight gain over one month. On 6/3/24 the Resident's weight was documented as 302.7 lbs., and on 7/1/24 their weight was 319.4 kbs., indicating a 16.7 lb. weight increase which is a 5.5 % gain. There is no documented evidence that the Resident was reweighed to ensure accurate weights and rule out a clinical change in health status.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL' IDENTIFICATION NUMBER: A. BUILDI		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
MANE OF PROMIDER OR SUPPLIER BENNINGTON HEALTH & REHAB (A) D SUMMARY STATEMENT OF DEFICIENCIES (EXCHAPTION STATE ALL OF CORRECTION SHOULD BE (EXCHAPTION OF ALL		475027 B. WING		1			
BENNINGTON HEALTH & REHAB 2 BLACKBERRY LAND (A4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUSTEE PRECEDED BY FULL REGULATORY OR I.S.C.IDENTIFYING INFORMATION) F 692 Continued From page 2 5/30/24-6/28/24 reveals that daily weights were not obtained on 8 of the 30 days. Further review also revealed that Resident #4 had significant fluctuations in weight with no documented reweight. On 6/3/20/24 the Resident's weight was documented as 388.4 Lbs., a 40.1 lb. discrepancy. On 6/8/24 their weight was documented as 388.4 Lbs., and on 6/10/20/24 it was documented as 388.4 Lbs., and on 6/10/20/24 it was documented as 389.4 Lbs., and on 6/10/20/24 it was documented as 389.4 Lbs. indicating a 22 lb. weight loss. There was no documentation that Resident #4 was reweighed on any of the following dates to rule out changes in clinical status or verify if it was an accurate weight. 4. Per record review Resident #5 has a Physicians Order for monthly weights. Review of the Resident's Weight Summary reveals a significant weight gain over one month. On 6/3/24 the Resident's weight was documented as 302.7 lbs., and on 7/1/24 their weight was 319.4 lbs., indicating a 16.7 lb. weight norease which is a 5.52 % gain. There is no documented evidence that the Resident was reweighed to ensure accurate weights and rule out a clinical change in health status.			475027	B. WING_			07/05/2024
PREFIX TAG REGULATORY OR LSCIDENTIFYING INFORMATION) F 692 Continued From page 2 5/30/24 e1/28/24 reveals that daily weights were not obtained on 8 of the 30 days. Further review also revealed that Resident #4 had significant fluctuations in weight with no documented reweight. On 6/3/2024 the Resident's weight was documented as 368.4 Lbs., and on 6/10/2024 the Resident's weight was documented as 379.0 Lbs., and on 6/10/2024 the was documented as 379.0 Lbs., and on 6/10/2024 the was provided the weight was 370.2 lbs., and on 6/10/2024 their weight was 370.2 lbs., and on and 6/21/2024 358.0 lbs. indicating a 22 lb. weight loss. There was no documentation that Resident #4 was reweighed on any of the following dates to rule out changes in clinical status or verify if it was an accurate weight. 4. Per record review Resident #5 has a Physicians Order for monthly weights. Review of the Resident's weight was documented as 302.7 lbs., and on 7/1/24 their weight was 3319.4 lbs., indicating a 16.7 lb. weight increase which is a 5.52 % gain. There is no documented evidence that the Resident was reweighed to ensure accurate weights and rule out a clinical change in health status.					2 BLACKBERRY LANE	E	
5/30/24-6/28/24 reveals that daily weights were not obtained on 8 of the 30 days. Further review also revealed that Resident 44 had significant fluctuations in weight with no documented reweight. On 6/3/2024 the Resident's weight was documented as 408.5 Lbs. On 6/4/2024 the Resident's weight was documented as 368.4 Lbs., a 40.1 lb. discrepancy. On 6/9/24 their weight was documented as 372.0 Lbs., and on 6/10/2024 it was documented as 379.3 Lbs., a 7.3 lb. weight gain in one day. On 6/19/24 their weight was 370.2 lbs., and on and 6/21/2024 358.0 lbs. indicating a 22 lb. weight loss. There was no documentation that Resident #4 was reweighed on any of the following dates to rule out changes in clinical status or verify if it was an accurate weight. 4. Per record review Resident #5 has a Physicians Order for monthly weights. Review of the Resident's Weight Summary reveals a significant weight gain over one month. On 6/3/24 the Resident's weight was documented as 302.7 lbs., and on 7/1/24 their weight was 319.4 lbs., indicating a 16.7 lb. weight increase which is a 5.52 % gain. There is no documented evidence that the Resident was reweighed to ensure accurate weights and rule out a clinical change in health status.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	COMPLETION
shows that Resident #6's monthly weights from 1/8/2024 - 6/18/2024 identified a gradual weight		5/30/24- 6/28/24 reve not obtained on 8 of the also revealed that Resiductuations in weight reweight. On 6/3/2024 the Residucture as 408.5 Resident's weight was Lbs., a 40.1 lb. discrepton 6/9/24 their weight Lbs., and on 6/10/202 379.3 Lbs., a 7.3 lb. weight weight weight weight weight weight weight weight weight as 5/21/2024 358.0 lbs. in loss. There was no docume was reweighed on any rule out changes in clinan accurate weight. 4. Per record review Resident's Weight significant weight gain. On 6/3/24 the Resident as 302.7 lbs., and on 7319.4 lbs., indicating a which is a 5.52 % gain evidence that the Resident as 9.52 weight change in health status.	als that daily weights were the 30 days. Further review sident #4 had significant with no documented dent's weight was Lbs. On 6/4/2024 the sideocumented as 368.4 pancy. It was documented as 372.0 4 it was documented as reight gain in one day. On as 370.2 lbs., and on and indicating a 22 lb. weight sentation that Resident #4 of of the following dates to nical status or verify if it was documented with a sentation weights. Review of Summary reveals a cover one month. It's weight was documented of 7/1/24 their weight was 16.7 lb. weight increase weighed to the sand rule out a clinical sentation that sentation that sentation that sentation that sentation that the sident #5 has a cover one month.	F 6	92		

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	475027	B. WING		£	1	05/2024
ROVIDER OR SUPPLIER				STREET ADDRESS CITY STATE ZIP CODE	077	05/2024
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BENNINGTON HEALTH & REHAB						
SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	_	PROVIDER'S PLAN OF CORRECTION		(X5)
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD BE		COMPLETION DATE
loss of 11 lbs. On 6/13 weighed using a mechanical using a mechanical lift and the as 194.8 lbs., an 8.4 lone month. There was that Resident #6 was clinical change in conwere accurate. Per review of the faciliand Heights" Section 1. "Obtaining 1.1.4 If the body re-weigh the patient." Section 1.2 1.2.1 The Weight reviewed by a license indicated. Section 2. Significant was reviewed by the license 2.1.1 Significant was reviewed by the license 2.1.1 Significant 2.2.2 The licensed 2.2.1 Notify the Dietician of significant 2.2.2 Documphysician/APP and Dietick Care] Weight Change 2.3 The licensed 3.3 The licensed 3.5 decrease 3.5	8/2024 Resident #6 was hanical lift, their weight was a libs. It #6 was weighed using a eir weight was documented b. (4.13 %) weight loss in son documented evidence reweighed to rule out a dition or ensure the results. It procedure titled "Weights and Documenting Weight: weight is not as expected, the Exception Report will be and nurse with follow-up as the weight change will be seed nurse for assessment, cant weight change is defined to the physician/APP and the physician/APP and the weight changes; then notification of letician in the PCC [Point hange Progress Note, nurse will notify the:					
recommendation; 2.3.2 Patient	representative of the weight					
	SUMMARY STA (EACH DEFICIENC REGULATORY OR I Continued From page loss of 11 lbs. On 6/1 weighed using a mec documented as 203.2 On 7/1/2024 Residen mechanical lift and the as 194.8 lbs., an 8.4 l one month. There wa that Resident #6 was clinical change in con- were accurate. Per review of the facil and Heights" Section 1. "Obtaining 1.1.4 If the body re-weigh the patient." Section 1.2 1.2.1 The Weight reviewed by a license indicated. Section 2. Significant Management: 2.1 Significant were viewed by the license 2.1.1 Significant 2.2.2 The licensed 2.2.1 Notify to Dietician of significant 2.2.2 Documphysician/APP and Di Click Care] Weight Ch 2.3 The licensed 2.3.1 Physic recommendation;	CORRECTION A75027 ROVIDER OR SUPPLIER TON HEALTH & REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 loss of 11 lbs. On 6/18/2024 Resident #6 was weighed using a mechanical lift, their weight was documented as 203.2 lbs. On 7/1/2024 Resident #6 was weighed using a mechanical lift and their weight was documented as 194.8 lbs., an 8.4 lb. (4.13 %) weight loss in one month. There was no documented evidence that Resident #6 was reweighed to rule out a clinical change in condition or ensure the results were accurate. Per review of the facility procedure titled "Weights and Heights" Section 1. "Obtaining and Documenting Weight: 1.1.4 lf the body weight is not as expected, re-weigh the patient." Section 1.2 1.2.1 The Weights Exception Report will be reviewed by a licensed nurse with follow-up as indicated. Section 2. Significant Weight Change Management: 2.1 Significant weight changes will be reviewed by the licensed nurse for assessment. 2.1.1.1 5% in one month 2.1.1.2 10% in six months 2.2 The licensed nurse will: 2.2.1 Notify the physician/APP and Dietician of significant weight changes; 2.2.2 Document notification of physician/APP and Dietician in the PCC [Point Click Care] Weight Change Progress Note. 2.3.1 Physician/APP of the Dietician	TON HEALTH & REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 loss of 11 lbs. On 6/18/2024 Resident #6 was weighed using a mechanical lift, their weight was documented as 203.2 lbs. On 7/1/2024 Resident #6 was weighed using a mechanical lift and their weight was documented as 194.8 lbs., an 8.4 lb. (4.13 %) weight loss in one month. 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Significant Weight Change Management: 2.1 Significant weight changes will be reviewed by the licensed nurse for assessment. 2.1.1 Significant weight change is defined as: 2.1.1.1 5% in one month 2.1.1.2 10% in six months 2.2 The licensed nurse will: 2.2.1 Notify the physician/APP and Dietician of significant weight changes; 2.2.2 Document notification of physician/APP and Dietician in the PCC [Point Click Care] Weight Change Progress Note. 2.3 The licensed nurse will notify the: 2.3.1 Physician/APP of the Dietician recommendation;	ROVIDER OR SUPPLIER TON HEALTH & REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 loss of 11 lbs. On 6/18/2024 Resident #6 was weighed using a mechanical lift, their weight was documented as 203.2 lbs. On 7/1/2024 Resident #6 was weighed using a mechanical lift and their weight was documented as 194.8 lbs., an 8.4 lb. (4.13 %) weight loss in one month. 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Significant Weight Change Management: 2.1 Significant weight changes will be reviewed by the licensed nurse for assessment. 2.1.1 5% in one month 2.1.1.2 10% in six months 2.2 The licensed nurse will: 2.2.1 Notify the physician/APP and Dietician of significant weight changes; 2.2.2 Document notification of physician/APP and Dietician in the PCC [Point Click Care] Weight Change Progress Note. 2.3.1 Physician/APP of the Dietician recommendation;	A BUILDING A PROVIDER OR SUPPLIER TON HEALTH & REHAB SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY) Continued From page 3 loss of 11 lbs. On 6/18/2024 Resident #6 was weighed using a mechanical lift, their weight was documented as 194.8 lbs., an 8.4 lb. (4.13 %) weight loss in one month. There was no documented evidence that Resident #6 was weighed using a mechanical lift and their weight was documented as 194.8 lbs., an 8.4 lb. (4.13 %) weight loss in one month. There was no documented evidence that Resident #6 was review of the facility procedure titled "Weights and Heights" Section 1. "Obtaining and Documenting Weight: 1.1.1 if the body weight is not as expected, re-weigh the patient." Section 2. 1.2.1 The Weights Exception Report will be reviewed by a licensed nurse will follow-up as indicated. Section 2. Significant Weight Change Management: 2.1 Significant weight changes will be reviewed by the licensed nurse will be reviewed by the licensed nurse will be reviewed by the licensed nurse for assessment. 2.1.1 5% in one month 2.1.1.2 10% in six months 2.2.2 The licensed nurse will control of physician/APP and Dietician of significant weight changes; 2.2.2 Document notification of physician/APP and Dietician rice weight inotify the: 2.3.1 Physician/APP of the Dietician recommendation;	TONNER TON HEALTH & REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 3 loss of 11 lbs. On 6/18/2024 Resident #6 was weighed using a mechanical lift, their weight was documented as 194.8 lbs., an 8.4 lb. (4.13 %) weight loss in one month. There was not documented vidence that Resident #6 was reweighed to rule out a clinical change in condition or ensure the results were accurate. Per review of the facility procedure titled "Weights and Heights" Section 1. *Obtaining and Documenting Weight: 1.1.4 If the body weight is not as expected, re-weigh the patient." Section 1. *Spinificant Weight Change Management: 2.1 Significant Weight Change sindicated. Significant weight changes is defined as: 2.1.1.1 5% in one month. 2.1.1.2 10% in six months 2.2 The licensed nurse will: 2.2.1 Notify the physician/APP and Dietician in the PCC (Point Click Care) Weight Clange Progress Note. 2.3 The licensed nurse will notify the: 2.3.1 Physician/APP of the Dietician recommendation;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		475027	B. WING			C 07/05/2024	
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	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE	
	change and Dietician Notification will be dod Per interview with the PM when a resident is significant discrepancy documented weight, the determine accuracy of and Dietitan should be discrepancy is found to Dietician confirmed the consistently being following an interview or Director of Nursing (Doan identified discrepancy resident staff should rechange. The DON compolicy was not follower reweighs were not avarecord. Pain Management CFR(s): 483.25(k) §483.25(k) Pain Mana The facility must ensur provided to residents we consistent with profess the comprehensive per and the residents' goal This REQUIREMENT by: Based on interview, an facility failed to ensure was consistent with progratice and the compicare plan was followed.	Dietitian on 7/2/24 at 2:16 sweighed and there is a y from the previous ney should be reweighed to a the weight. The Physician e notified if the weight to be accurate. The at the facility policy was not owed. 17/3/24 at 1:20 PM The ON) stated that if there was never when weighing a reweigh them to verify the affirmed that the facility d, and that documented will able for review in the gement. 18 the thing is a precise of the provided of the	F 69	7 F697 Specific Corrective Action 1. Resident #1 is currently receiving pain medication. Staff are monitoring presence of pain and the effectivene administered pain medication. This is monitoring for any adverse drug read to validate those residents receiving medication had monitoring by staff for presence of pain and the effectivene pain medication.	g for the ess of ncludes ctions. omplete pain or the		

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NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	07/05/2024	
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BENNINGTON HEALTH & REHAB			BENNINGTON, VT 05201		
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F 697 Continued From particles of pain and evaluating scheduled pain medication for pain and evaluating scheduled pain medicate pain and evaluating scheduled pain medication dependence, opioid abuse disorder (Ordereview of physician been receiving oping since admission. A Physician's order "Buprenorphine Holder tongue" Tablet Subth HCI) Give 1 tablet pain." Another Physiates "Buprenorphitongue" Tablet Subth HCI) Give 3 tablet pain for 28 Days the pain medication the record does not monitoring or the madministration of the A care plan focus in verbal and physical of "Attempt non-phalleviate pain and a Administer pain medication is at risk for alter chronic pain and head of chronic [right interventions including the pain and the pain and head of chronic [right interventions including the pain and head of chronic [right interventions including the pain and head of chronic [right interventions including the pain and head of the pain and hea	age 5 monitoring of the presence of g the effectiveness of regularly edication. Findings include: Resident #1 has diagnoses of pain syndrome, opioid d use disorder /substance JD/SUD), and arthritis. Per large of medications for pain control of dated 6/25/24 states Cl Sublingual [under the blingual 8 MG (Buprenorphine sublingually every 12 hours for sysician's order dated 6/26/24 hine HCl Sublingual [under the blingual 2 MG (Buprenorphine sublingually two times a day for 'The resident was receiving in on a routine basis; however, at reflect consistent pain esident's response to the ne pain medication. Initiated on 8/2/2023 related to I behaviors lists an intervention armacologic interventions to document effectiveness. Edication as ordered and mess/side effects." Another these that Resident #1 "exhibits rations in comfort related to istory of opiate dependency shoulder pain." Listed	F 697	DEFICIENCY)	ts Jed for daily, nd/or ms of ucated to trecords pain the nekly x 4 nonthly will be nittee itions.	

PRINTED: 07/30/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 475027 B. WNG 07/05/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2 BLACKBERRY LANE BENNINGTON HEALTH & REHAB** BENNINGTON, VT 05201 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION DATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 697 Continued From page 6 F 697 Medicate [resident] as ordered for pain and monitor for effectiveness and monitor for side effects, report to physician as indicated." Review of Resident #1's documented Pain Level Summary for the months of April, May, and June 2024 revealed that a numeric pain rating was documented 3 of 30 days in April. There were 6 documented numeric pain ratings in May. Per facility policy titled NSG227 Pain Management, Section 2.1 "When opioids are used, the lowest possible effective dosage should be prescribed for the shortest amount of time possible after considering all medical needs, the patient should be monitored for effectiveness and any adverse drug reactions. Section 5. states "At a minimum of daily, patients will be evaluated for the presence of pain by making an inquiry of the patient or observing for signs of pain. Section 9. Patients receiving interventions for pain will be monitored for the effectiveness and/or side effects/adverse reactions (...) Document: 9.3 Ineffectiveness of routine or PRN [as needed] medications including interventions, follow-up, and physician... notification; Per interview on 7/3/24 at 1:20 PM, the Director of Nursing confirmed that there was no regular pain monitoring or evaluation for effectiveness performed for Resident #1. F 741 F 741 Sufficient/Competent Staff-Behav Health Needs SS=D

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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F 741	who provide direct se appropriate competer provide nursing and resident safety and at practicable physical, well-being of each resident assessments and considering the resident accordance with §483 competencies and sk limited to, knowledge and supervision for: §483.40(a)(1) Caring and psychosocial disc with a history of traum stress disorder, that he facility assessment considering systems of \$483.70(e), and [as linked to history of post-traumatic stress implemented beginning (Phase 3)]. §483.40(a)(2) Implementer interventions. This REQUIREMENT by: Based on observation review the facility failed provided the necessary compewith diagnoses of OU	y must have sufficient staff rivices to residents with the ricies and skills sets to related services to assure tain or maintain the highest mental and psychosocial sident, as determined by and individual plans of care umber, acuity and rity's resident population in 8.70(e). These residents with mental orders, as well as residents and appropriate training for residents with mental orders, as well as residents and and/or post-traumatic rave been identified in the onducted pursuant to reference to the residents and record residents residents. The residents residents residents are residents and record residents residents residents residents residents. The residents residents residents residents residents residents residents residents residents. The residents residents residents residents residents residents residents residents residents residents.	F7		F741 Specific Corrective Action 1. The LNAs and the licensed nurse dentified had training completed on (opioid use disorder), SUD (substance disorder), and PTSD (post-trastress disorder) and trauma-informed active stress disorder) and trauma-informed active stress disorder) and trauma-informed active stress disorder) and trauma-informed active straining and possesses the necessary competent to care for residents with diagnoses (opioid use disorder), SUD (substand disorder), and PTSD (post-traumatic disorder), inclusive of trauma-informatic active straining and the necessary competencies to care residents with diagnoses of OUD (opuse disorder), SUD (substance abust disorder), and PTSD (post-traumatic disorder), inclusive of trauma-informeducation. The nurse leadership teal inclusive of the nurse educator, will be re-educated to this process 4. NHA/Designee will audit staff edure records to validate the necessary training and competencies to care for reside diagnoses of OUD (opioid use disorder), ard (post-traumatic stress disorder), ard (post-traumatic stress disorder), ard (post-traumatic stress disorder), inclusive of these audits will be week weeks, bi-weekly x 4 weeks, then max 3 months. Results of these audits brought to the monthly QAPI Commit further review and recommendations. Date of Compliance 8/6/2024	ce umatic d care. I care. I care. I care. I care. I care. I care of OUD ce abuse cate of or posses of for poioid se cation aining nts with der), and PTSI usive of ekly x 4 onthly will be offered for the cate of the care of	s s

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F 741 Continued From page 8			F 74		Tag F 741 POC accepted on 7/30)/24 by		
	sampled residents (Reinclude:	esident #1). Findings			S. Freeman/P. Cota			
	(LNA's) employee trainad not received any SUD. 1 of 3 LNAs files training related to PTS care. Per review of 3 Staff Negistered Nurse (RN of training related to Strauma informed care. Per interview with the to Resident #1 on 7/3/2 S/he had not received regarding SUD, OUD, informed care since be S/he knew of any resident with the side of t	Registered Nurse assigned 24 at 8:35 AM S/he was 44. The RN confirmed that resident specific training PTSD, and trauma eing hired. When asked if dents on her/his assignment of SUD, OUD, or trauma, y did not know of any						