



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

January 3, 2019

Ms. Wendy Beatty, Administrator
Bennington Health & Rehab
2 Blackberry Lane
Bennington, VT 05201-2300

Provider #: 475027

Dear Ms. Beatty:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **December 11, 2018**. Please post this document in a prominent place in your facility.

We will 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

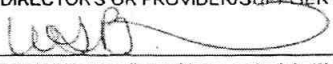
Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/14/2018
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 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2018
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)

K 000	INITIAL COMMENTS	K 000	
	An unannounced onsite Life Safety Code inspection was completed by the Division of Fire Safety on 12/11/18. While the facility was found to be in substantial compliance, the following issues were identified that require a plan of correction.		K 232
K 232	Aisle, Corridor, or Ramp Width SS=B CFR(s): NFPA 101	K 232	No residents were affected by this alleged deficient practice.
	Aisle, Corridor or Ramp Width 2012 EXISTING The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5. 19.2.3.4, 19.2.3.5 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure corridors are unobstructed in one floor of the facility.		All residents have the potential to be affected by this alleged deficient practice.
	Per observation on 12/11/18, accompanied by facility staff, there are 3 chairs in the hallway across from the nurses' station on the second floor of the facility that are not affixed in place.		All chairs were removed from the corridor
K 351	Sprinkler System - Installation SS=B CFR(s): NFPA 101	K 351	Staff have been educated on the regulation outlining that non affixed furniture cannot be in the hallways/corridors.
	Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the		Audits of the corridors will occur weekly X4 then monthly X3.
			Date of correction: December 26, 2018
			Responsible: Environmental manager or designee
			K232 POC accepted 12/26/18 DGreen/PMZ

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CEO	(X6) DATE 12.21.18
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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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NAME OF PROVIDER OR SUPPLIER BENNINGTON HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 2 BLACKBERRY LANE BENNINGTON, VT 05201
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K 351 Continued From page 1
Installation of Sprinkler Systems.
In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.
19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)
This REQUIREMENT is not met as evidenced by:
Based on observation, the facility failed to ensure all elements of the sprinkler system are in compliance with NFPA standards on the exterior of the building.

K 351

K 351
No residents were affected by this alleged deficient practice.
All residents have the potential to be affected by this alleged deficient practice.
Bush was cut to the ground and will be excavated in the spring.
Maintenance will monitor exterior foliage for overgrowth.
Date of correction: December 26, 2018
Responsible: Environmental manager.

K 521 HVAC
SS=C CFR(s): NFPA 101

HVAC
Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications.
18.5.2.1, 19.5.2.1, 9.2

K 521

This REQUIREMENT is not met as evidenced by:

K 351 POC accepted 12/26/18 DEGreen/PMU

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K 521 Continued From page 2
Based on observation, the facility failed to ensure that ventilation systems are being properly maintained throughout the building.

K 521

K 521
No residents were affected by this alleged deficient practice.

Per observation on 12/11/18, accompanied by facility staff, all patient room bathroom fans are not being maintained to prevent dust and lint build up.

K 541 Rubbish Chutes, Incinerators, and Laundry Chutes
SS=B CFR(s): NFPA 101

K 541

All residents have the potential to be affected by this alleged deficient practice.

Rubbish Chutes, Incinerators, and Laundry Chutes
2012 EXISTING
(1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor shall be sealed by fire resistive construction to prevent further use or shall be provided with a fire door assembly having a fire protection rating of 1-hour. All new chutes shall comply with 9.5.
(2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, shall be provided with automatic extinguishing protection in accordance with 9.7.
(3) Any trash chute shall discharge into a trash collection room used for no other purpose and protected in accordance with 8.4. (Existing laundry chutes permitted to discharge into same room are protected by automatic sprinklers in accordance with 19.3.5.9 or 19.3.5.7.)
(4) Existing fuel-fed incinerators shall be sealed by fire resistive construction to prevent further use.
19.5.4, 9.5, 8.4, NFPA 82
This REQUIREMENT is not met as evidenced by:
Based on observation, the facility failed to ensure

Interior and Exterior of bathroom vents were cleaned.
Staff have been educated on cleaning protocols. Vents will be monitored for debris and a work order in Tels will be established if necessary.
Audits of bathroom vents will occur weekly X4 then monthly X4.
Date of correction:
December 26, 2018
Responsible: Director of Housekeeping/Laundry and Environmental manager.

K 521 POC accepted 12/26/18 DGreen/pme

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K 541 Continued From page 3
linen chutes have intact fire protection in one area of the facility.

Per observation on 12/11/18, accompanied by facility staff, the second floor linen/laundry chute door does not latch closed properly.

K 541

K 541

No residents were affected by this alleged deficient practice.

All residents have the potential to be affected by this alleged deficient practice.

Door latch was oiled.

Audits of the linen chute doors will occur weekly x4 then monthly x4 to verify compliance.

Date of compliance
December 26, 2018

Responsible: Environmental Manager

K541 PDC accepted 12/26/18 Daveni/PMU

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

ALL
"A" FORM

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 475027	MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	DATE SURVEY COMPLETE 12/11/2018
NAME OF PROVIDER OR SUPPLIER BENNINGTON HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 2 BLACKBERRY LANE BENNINGTON, VT	
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
K 511	<p>Utilities - Gas and Electric CFR(s): NFPA 101</p> <p>Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure electrical equipment complies with the NFPA National Electric Code in one area of the facility.</p> <p>Per observation on 12/11/18, accompanied by facility staff, the first floor conference room has outlets above the counter that have been painted.</p> <p style="text-align: center;">K 511</p> <p style="text-align: center;">No residents were affected by this alleged deficient practice.</p> <p style="text-align: center;">All residents have the potential to be affected by this alleged deficient practice.</p> <p style="text-align: center;">Outlets were replaced.</p> <p style="text-align: center;">Date of compliance: December 26, 2018</p> <p style="text-align: center;">Responsible: Environmental manager.</p>		

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The above isolated deficiencies pose no actual harm to the residents.