

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

May 2, 2022

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

Dear Ms. Beatty:

Enclosed is a copy of your acceptable plans of correction for the investigation conducted on **April 11, 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,



Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 04/20/2022
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 _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/11/2022
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	F 000			
F 726 SS=D	<p>An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 04/11/2022. The following regulatory violations were identified:</p> <p>Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c)</p> <p>§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).</p> <p>§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.</p> <p>§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.</p> <p>§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 assessments, and described in the plan of care.</p>	F 726	<p>F726</p> <p>No residents were affected from this alleged deficient practice. Employee has not worked at facility since 2/9/2022.</p> <p>All residents who receive care from this employee have the potential to be affected by this alleged deficient practice.</p> <p>Administrative staff have been educated on the State Licensing and Operating rules of hiring Licensed nurses.</p> <p>Audits of newly hired nurses for licensure will occur weekly x4 then monthly x4 by the administrator. Results will be reported to QAPI committee for 4 months.</p> <p>Date of correction May 2 2022.</p> <p>Responsible: HR, Administrator</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE

CEO

(X6) DATE

4.21.22

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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F 726	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interview and review of documentation, the facility failed to ensure that a new graduate nurse had the appropriate competencies or a nursing license to provide nursing services.</p> <p>Findings include:</p> <p>On 04/11/22, review of a facility investigation report and review of the facility's actual working schedules for these months (Dec 2021 through current) and review of an employee file, the facility was found to have employed a new graduate nurse without "any" nursing license. S/he went to nursing school at Mildred Elley located in New York City. S/he completed a Licensed Practical Nurse (LPN) program in Oct of 2021. This employee was hired on 12/21/21 as a Graduate Practical Nurse (GPN) on a per diem basis to work at Bennington Health and Rehabilitation Center in Vermont.</p> <p>The newly hired employee attended facility orientation on 12/21/21 & 12/22/21. There was a gap with no scheduled hours after the initial orientation per previous arrangements for time off. S/he was then assigned to observe another nurse and was oriented to the medication cart on 1/25/22, 1/27/22 and 2/1/22. Per the schedule she began passing medications with another nurse on 02/02/22, 02/03/22 and 02/07/22. Per review of all "actual worked" schedules from this day forward, this GPN has not worked at this facility but is still employed on an as needed basis. The employee file did not contain an actual license to work in the state of Vermont and there were no documentation of any competencies.</p>	F 726	<p>TAG F 726 POC Accepted on 5/01/22 by G. Mercure/ P. Cota</p>	

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F 726	Continued From page 2 Interview on 04/11/22 at 3:30PM with the Administrator and the Director of Nursing confirmed that they hired the graduate nurse and allowed this new employee to work in the "capacity of a GPN, assuming it was ok pending s/he actually take and pass the NCLEX exam per permission from the Genesis Corporation." According to Vermont State Licensing and Operating-Rules for Nursing Homes, professional staff must be licensed, certified, or registered in accordance with applicable laws. The Vermont statutes do not indicate that a nurse can work without a license. Sources: https://legislature.vermont.gov/statutes/section/26/028/0158 Title 26 V.S.A 1584. State Licensing and Operating - Rules for Nursing Homes, pg. 32., 7.13 Nursing Services "licensed nurses". Agency of Human Services Department of Disabilities, Aging and Independent Living Division of Licensing and Protection (June 1, 2018)	F 726	F761 No residents were affected from this alleged deficient practice. Med cart was immediately locked and stored. All residents who enter the closed wing have the potential to be affected by this alleged deficient practice. Nurses have been educated on the need to lock med cart when not in use. Audits of med cart security will occur weekly x4 then monthly x4 by the nurse managers. Results will be reported to QAPI committee for 4 months. Date of correction May 2, 2022 Responsible: DON, Nurse managers		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals	F 761			

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F 761	<p>Continued From page 3</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to store drugs in locked compartments and permit the use of access to locked medication carts and closet keys to authorized personnel only.</p> <p>Findings include:</p> <p>On 04/11/22 at 11:00 AM an observation was made of a medication cart that was unlocked. It contained over the counter medications and insulin syringes along with topicals etc. The keys to this cart along with other keys attached to a ring were left in the top right drawer of the cart. The medication cart was located on the South-Side Hall where no residents lived but was accessible to anyone that may walk down this hall. Interview on 04/11/22 at 11:00 AM with the unit manager indicated that she "was not aware that the cart contained medication and other contents as it was her first day on the job." S/he stated, "the double doors are usually closed to this unit, but there is a resident that comes</p>	F 761	<p>TAG F 761 POC Accepted on 5/01/22 by G. Mercure/ P. Cota</p>	

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F 761	Continued From page 4 through to ride an exercise bike in the open community room at the end of the hall."	F 761			
F 839 SS=D	Staff Qualifications CFR(s): 483.70(f)(1)(2) §483.70(f) Staff qualifications. §483.70(f)(1) The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements. §483.70(f)(2) Professional staff must be licensed, certified, or registered in accordance with applicable State laws. This REQUIREMENT is not met as evidenced by: Based on observations, interview and review of documentation, the facility failed to ensure that a new graduate nurse had the appropriate competencies or a nursing license to provide nursing services. Findings include: On 04/11/22, review of a facility investigation report and review of the facility's actual working schedules for these months (Dec 2021 through current) and review of an employee file, the facility was found to have employed a new graduate nurse without "any" nursing license. S/he went to nursing school at Mildred Elley located in New York City. S/he completed a Licensed Practical Nurse (LPN) program in Oct of 2021. This employee was hired on 12/21/21 as a Graduate Practical Nurse (GPN) on a per diem basis to work at Bennington Health and Rehabilitation Center in Vermont.	F 839	F839 No residents were affected from this alleged deficient practice. Employee has not worked at facility since 2/9/2022. All residents who receive care from this employee have the potential to be affected by this alleged deficient practice. Administrative staff have been educated on the State Licensing and Operating rules of hiring Licensed nurses. Audits of newly hired nurses for licensure will occur weekly x4 then monthly x4 by the administrator. Results will be reported to QAPI committee for 4 months. Date of correction May 2 2022. Responsible: HR, Administrator		

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F 839	<p>Continued From page 5</p> <p>The newly hired employee attended facility orientation on 12/21/21 & 12/22/21. There was a gap with no scheduled hours after the initial orientation per previous arrangements for time off. S/he was then assigned to observe another nurse and was oriented to the medication cart on 1/25/22, 1/27/22 and 2/1/22. Per the schedule she began passing medications with another nurse on 02/02/22, 02/03/22 and 02/07/22. Per review of all "actual worked" schedules from this day forward, this GPN has not worked at this facility but is still employed on an as needed basis. The employee file did not contain an actual license to work in the state of Vermont and there were no documentation of any competencies. Interview on 04/11/22 at 3:30PM with the Administrator and the Director of Nursing confirmed that they hired the graduate nurse and allowed this new employee to work in the "capacity of a GPN, assuming it was ok pending s/he actually take and pass the NCLEX exam per permission from the Genesis Corporation." According to Vermont State Licensing and Operating-Rules for Nursing Homes, professional staff must be licensed, certified, or registered in accordance with applicable laws. The Vermont statutes do not indicate that a nurse can work without a license.</p> <p>Sources:</p> <p>https://legislature.vermont.gov/statutes/section/26/028/0158 Title 26 V.S.A 1584.</p> <p>State Licensing and Operating - Rules for Nursing Homes, pg. 32., 7.13 Nursing Services "licensed nurses". Agency of Human Services Department of Disabilities, Aging and Independent Living Division of Licensing and Protection (June 1,</p>	F 839	<p>TAG F 839 POC Accepted on 5/01/22 by G. Mercure/ P. Cota</p>	

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F 839	Continued From page 6 (2018)	F 839			