



VERMONT

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 30, 2021

Ms. Lynne Stratton, Manager  
Brookdale At Fillmore Pond  
300 Village Lane  
Bennington, VT 05201-9041

Dear Ms. Stratton:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 23, 2021**. 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

Division of Licensing and Protection

PRINTED, SUBMITTED, FORWARDED, FILED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0310	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 08/23/2021
NAME OF PROVIDER OR SUPPLIER  BROOKDALE AT FILLMORE POND		STREET ADDRESS, CITY, STATE, ZIP CODE 300 VILLAGE 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)

R100 R179 SS=D	Initial Comments  An unannounced on-site investigation of two complaints was conducted by the Division of Licensing and Protection on 8/23/2021. There were regulatory findings as a result of the investigation.  V RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:  (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.  This REQUIREMENT is not met as evidenced by:	R100 R179	The following constitutes the Facility's response to the findings of the Department of Licensing and Protection visit on 8/23/21.  R179 1. No resident's were affected by this deficient practice.  2. All resident's have the potential to be affected by the deficient practice.  3. A comprehensive review and completion of the Med-tech trainings have been completed as of 9/6/2021.  4. The HWD or designee will review training records of all Med Techs to ensure all required trainings per regulation are completed prior to med administrations.  5. HWD or designee will conduct monthly audits to ensure each med tech has the required med training completed.  Responsible person: Executive Director. Date of compliance 9/8/2021  R179 POL accepted 9/27/21 S. Freeman Riv/MLC
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Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:

*Lynne Stratton,*

Executive Director

TITLE

(X6) DATE  
9/15/21

Division of Licensing and Protection

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R179	<p>Continued From page-1</p> <p>Based on staff interview and record review, the facility failed to ensure that one of three staff members in the applicable sample had completed required annual training. Findings include:</p> <p>Per review of a Med Tech's training record, a Course Completion History document reflects the completion of four computer-based trainings in 2020. These trainings include Hands-only CPR, Automated External Defibrillator, and Communication Skills all completed on 12/29/2020. Vaccine Education and Awareness was completed on 4/2/2021. The completed trainings do not include the required topics per the regulation. Nor is there documented evidence that the Med Tech has completed 12 hours of required annual training during 2020 and 2021.</p> <p>During an interview on 8/24/2021 at 2:20 PM the Executive Director confirmed that the Med Tech had not completed the required trainings.</p>	R179		
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