



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

March 8, 2023

Ms. Suzanne Anair, Administrator
Center For Living & Rehabilitation
160 Hospital Drive
Bennington, VT 05201-2279

Dear Ms. Anair:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **February 13, 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,

A handwritten signature in cursive script that reads "Pamela M. Cota, RN".

Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 02/23/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/13/2023
NAME OF PROVIDER OR SUPPLIER CENTER FOR LIVING & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 160 HOSPITAL DRIVE 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 563 SS=C	<p>An unannounced on-site complaint investigation was completed by the Division of Licensing and Protection on 2/13/2023. There were regulatory violations identified as a result of this investigation which require a plan of correction.</p> <p>Right to Receive/Deny Visitors CFR(s): 483.10(f)(4)(ii)-(v)</p> <p>§483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident.</p> <p>(ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time;</p> <p>(iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time; (iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and (v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation.</p>	F 563	<p>Right to Receive/Deny Visitors</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The resident affected has discharged from the facility.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>The following policy was reviewed and updated as indicated: "Coronavirus (COVID-19) Visitation CLR".</p> <p>Copies of the updated policy have been posted and provided to residents and their POA's.</p> <p>Education was provided to all staff regarding visitation policy and procedures.</p>	March 7, 2023	





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

ADMINISTRATOR 3/6/2023
TITLE

(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.

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F 563	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, family and staff interview, and record review the facility failed to ensure residents' rights were maintained by not allowing unrestricted visitation based on resident choices.</p> <p>During interview on 2/13/2023 at 11:35AM with Resident #1's spouse s/he stated that the facility had barred all families from entering the halls and resident rooms. There were new signs up saying that they could not visit in the resident rooms, and they had to visit in the dining room. There are no call bells available in the dining room and it was difficult to get a hold of staff.</p> <p>At the reception area at the entrance to the facility a sign was noted that stated "No in room visits until further notice. Visits in common areas only."</p> <p>Per interview with the Administrator and Director of Nursing (DON) on 2/13/2023 at 4:15 PM there were no active or presumptive Cases of Flu or COVID-19 in the building currently. When asked about the policy of visitation, they both confirmed that the residents and family members are being asked to visit in the common areas. The DON stated that this is being done "because some residents don't want visitors in their rooms, and they have rights too." When asked if they had considered cohorting residents who don't want visitors in their rooms together so all residents rights could be maintained the DON stated no, they had not.</p> <p>A facility policy titled: Coronavirus (COVID-19) Visitation CLR [Centers for Living and Rehabilitation]."created on 10/19/2020 and last</p>	F 563	<p>How will the corrective actions be monitored to ensure the deficient practice will not recur, ie, what quality assurance program will be put into place?</p> <p>For the next four weeks, the DNS and/or designee will conduct weekly random satisfaction surveys with patients/residents and/or family members regarding visitation practices. After four weeks, random satisfaction surveys will be conducted monthly for three months and then randomly thereafter. Results of the interviews will be reported to the facility Safety-Quality Committee.</p> <p>The dates corrective action will be completed. March 7, 2023</p> <p>Tag F 563 POC accepted on 3/6/23 by S. Freeman/P. Cota</p>	March 7, 2023	

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F 563	<p>Continued From page 2</p> <p>modified on 2/1/2023 was reviewed with the Administrator who confirmed that the policy did not reflect the current facility practice.</p> <p>A revised Memo from Centers for Medicare and Medicaid titled "Nursing Home Visitation - COVID-19 (REVISED)" Ref: QSO-20-39-NH, released on September 17, 2020 and revised on 03/10/2022 states "If a resident's roommate is not up-to-date with all recommended COVID-19 vaccine doses, or immunocompromised (regardless of vaccination status), visits should not be conducted in the resident's room, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of infection prevention." and "During indoor visitation, facilities should limit visitor movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Facilities may contact their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of COVID-19 transmission." The facility did not base their decision regarding allowing Residents to receive in rooms visits on an individualized situation by not allowing any in room visits for all Residents.</p> <p>On 2/13/2023 at 4:35PM during interview with a family member of a resident who resides on Moses Hall, the family member stated that s/he is not allowed to go to the resident's room to visit and is only allowed to visit their parent in public areas such as the dining room. S/he did state that it was okay with her/him but could see that someone may wish to visit in private.</p>	F 563			

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F 572 SS=B	<p>Notice of Rights and Rules CFR(s): 483.10(g)(1)(16)</p> <p>§483.10(g) Information and Communication. §483.10(g)(1) The resident has the right to be informed of his or her rights and of all rules and regulations governing resident conduct and responsibilities during his or her stay in the facility.</p> <p>§483.10(g)(16) The facility must provide a notice of rights and services to the resident prior to or upon admission and during the resident's stay. (i) The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. (ii) The facility must also provide the resident with the State-developed notice of Medicaid rights and obligations, if any. (iii) Receipt of such information, and any amendments to it, must be acknowledged in writing; This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure that a newly admitted residents were provided information orally regarding Resident rights and responsibilities. The facility also failed to ensure that acknowledgement of receipt of the information was in writing for 3 of 3 residents in the sample (Residents #1, #2, and #3). Findings include: Per record review Residents #1, #2, and #3's medical record had no documented evidence that the facility provided them with written or oral notification of their rights and the rules and regulations governing resident conduct and</p>	F 572	<p>Notice of Resident Rights What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident #1 has discharged from the facility. Admission packets that include the resident's rights information for Resident #2 and Resident #3 have been completed. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All newly admitted patients/residents have the potential to be affected. An audit of the admission paperwork for all patient/residents was conducted. Incomplete admission packets have been provided to responsible parties. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The following policy was reviewed and updated as indicated: "Residents' Rights – CLR", "Admission Agreement". The admission process and for "Meet and Greet" were reviewed and updated. All new admissions will receive a copy of the Resident Rights during their "Meet and Greet" conducted within 72 hours of admission. Copies of the updated policy have been provided to all patients/residents and/or their POA's as indicated. Education was provided to all staff regarding Resident Rights.</p>	March 7, 2023	March 7, 2023

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F 572	<p>Continued From page 4</p> <p>responsibilities during his or her stay in the facility.</p> <p>On 2/13/23 at 11:15 AM during interview with Resident #1's spouse, s/he stated that s/he did not recall receiving any information regarding finances or residents' rights and responsibilities at the time of her/his spouse's admission.</p> <p>A facility policy titled: Admission Agreement Policy - CLR (Centers for Living and Rehabilitation) section IV. Policy Statement states "A. The Admissions coordinator / designee will review and obtain signatures for admission packet and admission documents with resident/patient and family within a timely manner of admission to CLR."</p> <p>Per interview with the Director of Ancillary Services and the Director of Nursing (DON) on 2/13/2023 at 1:30 PM the Director of Ancillary Services stated that it is their responsibility to ensure that the resident or responsible party receives an Admission Packet that addresses all of the information that is required to be provided. S/he stated that in the past s/he has given the packet with the required information to the resident and/or family member to review, sign, and return. Sometimes it is returned and sometimes it is not. S/he confirmed that s/he did not provide oral explanation of any of the contents of the packet to the residents or their responsible party as required.</p>	F 572	<p>How will the corrective actions be monitored to ensure the deficient practice will not recur, ie, what quality assurance program will be put into place?</p> <p>For the next four weeks, the Administrator and/or designee will conduct weekly audits of completion of admission packets and the DNS will conduct weekly audits of the Meet and Greet paperwork.</p> <p>After four weeks, random audits will be conducted monthly for three months and then randomly thereafter. Results of the interviews will be reported to the facility Safety-Quality Committee.</p> <p>The dates corrective action will be completed.</p> <p>March 7, 2023</p> <p>Tag F 572 POC accepted on 3/6/23 by S. Freeman/P. Cota</p>	March 7, 2023	