



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

June 22, 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 revisit survey conducted on **May 30, 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: 06/15/2023
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 R 05/30/2023
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NAME OF PROVIDER OR SUPPLIER CENTER FOR LIVING & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 160 HOSPITAL DRIVE BENNINGTON, VT 05201
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{E 000}	Initial Comments	{E 000}		
{F 000}	INITIAL COMMENTS	{F 000}		
{F 658} SS=D	<p>The Division of Licensing and Protection conducted an onsite, unannounced investigation of the facility's Emergency Preparedness Program on 03/02/2023. There were no regulatory findings related to this investigation.</p> <p>The Division of Licensing and Protection conducted an unannounced, onsite revisit survey at the facility on 5/30/2023. The revisit was for the survey dated 3/2/2023. The following regulatory violation was identified:</p> <p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, record review, and policy review, the facility failed to meet professional standards of care for medication administration and medication administration documentation for one applicable resident (Resident #1). Findings include:</p> <p>Per record review, Resident #1 was admitted to the facility for subacute rehabilitation on 5/3/2023 with diagnoses that include weakness and instability, end-stage osteoarthritis of left knee, lymphedema [swelling due to build up of lymph fluid] with chronic leg wounds, right lower leg cellulitis, left groin injury with possible inflammation or hemorrhage into the psoas [oin]</p>	{F 658}	<p>F 658: Professional Standards</p> <p>1. <i>What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</i></p> <p>A self-medication evaluation was conducted for Resident #1. On going oversight and education have been implemented.</p> <p>2. <i>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</i></p> <p>An audit of all residents with a desire to self-administer medications was conducted.</p> <p>3. <i>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</i></p>	

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

TITLE

(X6) DATE

 Administrator 06/20/2023

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 658}	<p>Continued From page 1 muscle, and chronic respiratory failure.</p> <p>Per Resident #1's care plan, s/he requires extensive assist for most ADLs, has limited range of motion in his/her upper body, suffers from chronic pain related to his/her left knee and hip, and has shortness of breath.</p> <p>On 5/30/2023 at 11:37 AM, Resident #1 was observed sitting in his/her recliner. A rolling table was positioned to his/her left at an angle with the end of the table reaching past his/her knees. The table had an inhaler, a clear plastic cup with two white pills in it, and a clear plastic drinking cup with dry, light brown powder and a plastic spoon. A bottle of water located next to the medications. Resident #1 explained that the nurse brought him/her meds after breakfast, and s/he likes to take them with food and that s/he believes the pills are his/her Tylenol. S/He stated that he was in a lot of pain in his groin area and was very thirsty. S/He explained and demonstrated that s/he could not reach the bottle of water on his rolling table because s/he had trouble moving his/her arms. S/He was unable to let the nurse know about his/her pain and thirst because the call bell was out of reach, and s/he can't get up on his/her own to get it. Observation showed that Resident #1's call bell was wrapped around the rails of his/her bed.</p> <p>On 5/30/2023 at 11:55 AM, the Director of Nursing (DON) stated that Resident #1 did not have an evaluation to self-administer medications and leaving medications did not follow the facility's policies.</p> <p>On 5/30/2023 at approximately 12:00 PM, the Licensed Practical Nurse (LPN), who was the</p>	{F 658}	<p>a. Education regarding medication pass procedures was completed by all nurses.</p> <p>b. The policies: "Self-Medication Administration" and "Medication Administration" were reviewed and updated as indicated.</p> <p>c. Random med pass competencies were conducted with the LPN indicated.</p> <p><i>4. How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</i></p> <p>Random med pass observations will be conducted weekly x 4 weeks then monthly x 3 months then randomly thereafter. Results of the audits will be reported to the facility Safety-Quality Committee</p> <p><i>5. The dates corrective action will be completed.</i></p> <p>Date: 5/31/2023</p> <p>Tag F 658 POC accepted on 6/21/23 by S. Stem/P. Cota</p>	

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{F 658}	<p>Continued From page 2</p> <p>nurse administering morning medications to Resident #1, confirmed that s/he did not observe Resident #1 take the medications that were on his/her table when s/he gave him/her his/her morning medications. The LPN clarified the medications in the cups were Tylenol and Metamucil.</p> <p>Resident #1's physician orders include: "Ventolin HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (Albuterol Sulfate) 2 puff inhale orally one time a day related to CHRONIC RESPIRATORY FAILURE WITH HYPOXIA," which is Resident #1's only inhaler, "Acetaminophen Oral Tablet (Acetaminophen) Give 650 mg by mouth four times a day for pain DO NOT GIVE ANY PRN DOSES, WILL EXCEED 3000m," also known as Tylenol, and "Psyllium Husk Powder (Psyllium Husk (Bulk)) Give 1 tsp by mouth in the morning for bowel regularity in 4-8oz liquid," also known as Metamucil. There are no physician orders for Resident #1 to self-administer medications. Resident #1's medication administration audit report reveals that the above LPN documented the above medications as administered at 8:21 AM, 8:46 AM, and 8:47 AM on 5/30/2023.</p> <p>Facility procedure titled "Medication Administration- CLR," last modified on 3/16/2023, states that nurse should "remain with the resident until the resident swallows medication. Unless specifically ordered by physician, medications are not left bedside," and "remain with the patient/resident until all medication is take." Facility policy titled "Self-Administration of Medications and treatments," last reviewed on 1/5/2023, states that "The decision to permit self-administration is made by the attending</p>	{F 658}		
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{F 658}

Continued From page 3
physician based upon the assessment of the resident. Record the order to self-administer in the MAR [medication administration record] and/or treatment record."

On 5/30/2023, at approximately 5:30 PM, the DON confirmed that the LPN did not follow facility policies and procedures for medication administration with Resident #1 and the LPN documented that the medications were administered, even though they were not.

{F 658}