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

December 16, 2024

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

Dear Ms. Mosso:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **November 20, 2024.** 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,

PamelaMCotaRN
Pamela M. Cota, RN, BS
Assistant Division Director
State Survey Agency Director

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475029	A. BUILDING _____ B. WING _____	C 11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTER FOR LIVING & REHABILITATION	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 The Division of Licensing and Protection conducted an unannounced, onsite complaint investigation of intakes #22945, #22935, and #23217 on 11/20/2024 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. There was a regulatory finding as a result of these investigations.	F 000		
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each	F 584	F. 584 Safe/Clean/Comfortable/Homelike Environment. 1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Corrective actions for the resident areas found to be affected by the deficient practice are as follows: • Room 126 Electrical outlet receptacle and cover were replaced. Bulletin Board was replaced on the wall. Walls were repaired. • Rooms R6, R13, R11, C4, C5, C6, C7, C8, C10, 102, 103, 113, 115, 120, and 126 walls are all on schedule to be repaired as soon as possible. • Room 108 and 129 missing baseboard trims in the bathrooms were replaced. • Room 120 broken drawer in Wardrobe was repaired. • Room 119 overbed light covering was replaced, and the scratches and missing paint are on schedule to be repaired as soon as possible. • Room 146 2 broken tiles on the Bathroom floor are on schedule to be repaired as soon as possible. • Room 118 leaking toilet and black liquid on the floor of the Bathroom was assessed and is on schedule to be repaired as soon as possible.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 12/13/2024

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 584	Continued From page 1 resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the facility failed to provide necessary maintenance services to ensure residents have a safe, clean, comfortable, and homelike environment for 6 of 6 resident units. Findings include: Per observation on 11/20/24 from 12:10 AM to 12:30 PM, all nursing units (Stark, Allen, Moses, Frost, Rockwell, and Coolidge) needed multiple functional and cosmetic repairs in several resident rooms. * Room 126- There was a double electrical outlet receptacle and cover that was broken. One of the top plugs in the receptacle was also broken exposing the electrical wiring. There were two cords plugged into the bottom receptacles. A bulletin board had been removed from the wall and there was a large square of brown paint where the bulletin board had been. There were two pieces of plywood used as a wall covering, both boards were delaminating, exposing splintered wood. * Walls in rooms R6, R13, R11, C4, C5, C6, C7,	F 584	2. 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 residents have the potential to be affected by the deficient practice. An audit of all resident rooms will be conducted to identify any further deficient practice. An action plan will be developed based on the findings to immediately complete any needed repairs. 3. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur? To prevent recurrence of this deficient practice, the following measures will be implemented: • Education: All staff will receive training on the TELS (The Electronic Log System) for communication of maintenance issues and repair requests. Maintenance staff will be re-educated on the requirements for maintaining a Homelike Environment. • Proactive Audits: The Facility Maintenance Team will conduct regular audits of resident rooms to proactively identify and address any needed repairs. • Maintenance Checklist: A standardized checklist will be developed for routine inspections to ensure that repairs are completed on time and that deficiencies are prevented.	

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F 584	Continued From page 2 C8, C10, 102, 103, 113, 115, 120, and 126 had unrepaired holes, scratches, peeling wallpaper, or unpainted spackle. * Missing baseboard trim in the bathroom of room 108 exposing peeling paint and broken sheet rock. Missing baseboard trim was also noted in room 129. * A wardrobe in room 120 had a broken drawer. * The cover over the florescent light above the resident's bed in room 119 was broken and had been placed against the wall at the foot of the bed. The left side of the bed was against the wall and there were large scratches and missing paint on the wall at the head of the bed. * The bathroom in 146 had two broken tiles with missing pieces in front of the toilet creating an infection control concern due to the inability to properly clean the floor. * There were signs of leaking at the base of the toilet in room 118, presenting as black liquid on the floor that was partially dried. This room was not currently occupied. Per interview on 11/20/24 at 3:10 PM, with the facility Administrator some of the repairs needed had been identified through environmental rounds and preventative maintenance. These repairs have not been completed due to residents residing in the rooms and admissions. A walk through of the facility was conducted at this time and the Administrator confirmed the environmental observations listed above.	F 584	4. How will the corrective action be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The corrective actions will be monitored through the following process: • Room Audits: A sample of 20 resident rooms will be audited weekly for the first four weeks. Afterward, 40 rooms will be audited per month for the subsequent two months to ensure that necessary repairs are completed and that no additional deficiencies are identified. • Follow-Up: Any concerns identified during the audits will be reviewed by the Facility Maintenance Team, and corrective action will be implemented as necessary. • Quality Assurance Reporting: Findings from the audits and corrective actions taken will be reviewed during the facility's Quality Assurance and Performance Improvement (QAPI) meetings to ensure ongoing compliance. 5. The dates corrective action will be completed. All corrective actions will be completed by January 3, 2025. **Tag F 584 POC accepted on 12/16/24 by S. Freeman/P. Cota**	