



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 20, 2020

Ms. Suzanne Anair, Administrator
Centers For Living And Rehab
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 **March 5, 2020**. 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: 03/10/2020
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 03/05/2020 |
|---|---|--|--|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CENTERS FOR LIVING AND REHAB

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 689 Free of Accident Hazards/Supervision/Devices
SS=D
CFR(s): 483.25(d)(1)(2)

§483.25(d) Accidents.
The facility must ensure that -
§483.25(d)(1) The resident environment remains
as free of accident hazards as is possible; and

§483.25(d)(2) Each resident receives adequate
supervision and assistance devices to prevent
accidents.
This REQUIREMENT is not met as evidenced
by:
Based on staff interview and record review the
facility failed to ensure that adequate supervision
was provided to one resident that had a history of
aggressive and assault behaviors, resulting in
one resident being physically assaulted by this
resident, Resident #1. Findings include:

During review of the medical records, it was
found that Resident #1 has a care plan that was
initiated on 10/24/19 that presents s/he has a
behavior problem yelling, disrobing and resisting
care with intervention to, "Watch for unwanted
behaviors such as physical, verbal, or sexual in
nature". On 11/3/19 Resident #1 struck their
spouse and on 11/30/19 the Primary Care
Provider (PCP) documented that
Resident #1 yells at staff and makes threats to
harm them. It is also documented that Resident
#1 had been observed trying to stab a staff

F 689
Free of Accident
Hazards/Supervision/Devices

F 689 1. What corrective action will be
accomplished for those residents found to
have been
affected by the deficient practice?

Plan of care was reviewed and updated to
determine appropriate triggers and
interventions including an evaluation of
safety checks for Resident #1.

Medical review was conducted for
Resident #1.

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 with behaviors that affect
others are at risk to be affected. 100% of
the residents were reviewed to identify
those with behaviors that affect others.
Care plans were reviewed and updated as
indicated for all identified residents.

3. What measures will be put into place
or what systematic changes will you
make to ensure that the deficient
practice does not reoccur?

Policies: "Behavioral Health Emergency
Management", "Plan of Care",

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

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.

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

PRINTED: 03/10/2020
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 03/05/2020 |
|---|---|--|--|

NAME OF PROVIDER OR SUPPLIER

CENTERS FOR LIVING AND REHAB

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 689 Continued From page 1

member with a butter knife'. Further documentation for 12/7/19 presents that on 12/7/19, Resident #1 was observed to continually run his/her wheelchair into another resident's shins, even after the other resident yelled out. Resident #1 was on 15 minute checks at the time of the incident, and there was no direct supervision at this time. On 12/11/19, Resident #1 reached out and grabbed a hold of another resident's wrist and began to shake this resident and later in the day, "suddenly" struck a staff member in the face. On 12/12/19 he was wandering, via self-propelled wheelchair, in and out of other resident rooms. On 12/14/19 the nurse was sitting at the nurse station and heard a commotion in the Common Area and the nurse witnessed Resident #1 swinging his fists at another resident and they called out loudly "hey, don't hit me" as he was attempting to back away from Resident #1. The only other employee in the vicinity was a dietary aide that had recently redirected Resident #1 from entering the dining service area. Resident #1 had escalating behaviors in the week prior to the incident, and the intervention was the 15 minute checks, which were not effective in preventing his/her behaviors toward other residents.

F 689

Interdisciplinary (IDT) Plan of Care(POC) Document", "Suicide Ideation and/or Management of Harmful Behaviors Policy", and "Suicide Ideation and/or Management of Harmful Behaviors Procedure" were reviewed and updated as indicated.

100% of staff were educated to identify s/s of agitation/escalation of anger/anxiety, the appropriate procedures to address identified concerns, and how to report concerns to the appropriate individuals.

4. How will the corrective actions will be monitored to ensure the deficient practice will not recur (i.e.: what quality assurance program will be put into place)?

A random audit of behavior monitoring will be conducted weekly x 4 then monthly x 3 then randomly thereafter. The results will be reviewed by the facility Safety-Quality Committee.

5. The dates corrective action will be completed.

April 4, 2020

F-689 POC accepted 3/19/20
B. Borkell ev/S. Borkell ev