

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

July 6, 2021

Ms. Suzanne Anair, Administrator
Svhc Centers For Living And Rehabilitation
160 Hospital Drive
Bennington, VT 05201-2279

Dear Ms. Anair:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation survey conducted on **June 21, 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

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

PRINTED: 06/28/2021
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 06/21/2021
NAME OF PROVIDER OR SUPPLIER SVHC CENTERS FOR LIVING AND 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			
F9999	<p>An unannounced onsite investigation was conducted for two complaints on 06/21/21 by the Division of Licensing and Protection. There were no federal regulatory deficiencies. The following State regulatory violation was identified:</p> <p>FINAL OBSERVATIONS</p> <p>The following violation of Vermont Licensing and Operation Rules for Nursing Homes was identified regarding failure to report an untimely death due to choking.</p> <p>2.9 Reports to the Licensing Agency</p> <p>The following reports must be files with the licensing agency:</p> <p>a. At any time, a fire occurs in the facility, regardless of the size or damage, the licensing agency and the Department of Labor and Industry must be notified by the next business day. A written report must be submitted to both departments by the next business day. A copy of the report shall be kept on file in the facility.</p> <p>b. Any untimely death that occurs as a result of an untoward event, such as an accident that results in hospitalization, equipment failure, use of restraint, etc., shall be reported to the licensing agency by the next business day, followed by a written report that details and summarizes the event.</p> <p>c. Any unexplained or unaccounted for absence of a resident for a period of more than 30 minutes shall be reported promptly to the licensing agency. A written report must be submitted by the close of the next business day.</p>	F9999	<p><u>F 9999</u></p> <p><i>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</i></p> <p>No action is indicated.</p> <p><i>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?</i></p> <p>An audit of all incidents occurring in the last 6 months was conducted.</p> <p><i>3. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not reoccur?</i></p> <p>Education regarding reporting guidelines and procedures was conducted with all clinical staff.</p> <p>The policies: "Abuse, Neglect and Exploitation Prohibition" and "Fall Prevention and Protocol" were reviewed and updated as indicated.</p>		

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

TITLE

(X6) DATE

 Administrator 7/21/2021

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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F9999	Continued From page 1 d. Any breakdown or cessation to the facility's physical plant that has a potential for harm to the residents, such as a loss of water, power, heat, or telephone communications, etc., for four hours or more, shall be reported within 24 hours to the licensing agency. This requirement is NOT MET, as evidenced by: Based on record review and staff interview, the facility failed to report an untimely death after a resident choked. Findings include the following: Per record review, on 04/26/21 Resident # 4 choked on fish which required a Licensed Nurse Aid (LNA) to do the Heimlich maneuver. Cardiopulmonary resuscitation (CPR) was performed by the Director of Nursing (DON) and other staff. This incident occurred in the main dining room with staff present. Per a nurse note (04/26/21) the resident was unresponsive with no pulse. Emergency Medical Team was called. CPR was taken over for approximately 35 minutes by the squad. Per the note "time of death @ 1805." The resident's death was pronounced by a nurse practitioner. Per interview on 06/21/21 at 2:30pm, the administrator and DON confirmed that this untimely death was not reported to Licensing and Protection.	F9999	4. <i>How will the corrective actions will be monitored to ensure the deficient practice will not recur (ie: what quality assurance program will be put into place)?</i> A random audit of all incidents will be conducted weekly x4 weeks, then monthly x3 months, then randomly as indicated. Results will be reported to the Safety Quality committee. 5. <i>The dates corrective action will be completed.</i> July 8, 2021 TAG F9999 POC Accepted on 7/2/21 G. Mercure/P. Cota		