

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

August 29, 2014

Mr. Randy Crowder, Administrator
Bennington Health & Rehab
2 Blackberry Lane
Bennington, VT 05201-2300

Dear Mr. Crowder:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 1, 2014**. 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

PC:jl



CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475027	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/01/2014
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NAME OF PROVIDER OR SUPPLIER BENNINGTON HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 2 BLACKBERRY LANE BENNINGTON, VT 05201
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(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)	(X6) COMPLETION DATE
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F 000	INITIAL COMMENTS	F 000	<u>Plan of Correction</u> <u>F 281</u> This POC does not imply agreement with the allegation and is written as required by Federal and State Requirements	
F 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon staff interview and record review the facility failed to assure that services being provided meet professional standards of quality and are provided by appropriate qualified persons after 2 documented falls for one resident [Resident #1] of 5 residents sampled, and regarding a medication discrepancy. Findings include:</p> <p>Per review of the Agency for Healthcare Research and Quality, Guidelines for Fall Prevention- Evidence-based geriatric nursing protocols for best practice- [http://www.guideline.gov/content.aspx?id=43933 #]: 'Major recommendations' for assessment and nursing care strategies include; "Perform a post-fall assessment (PFA) following a patient fall to identify possible fall causes", "Communicate to the physician significant PFA findings", "Review and discuss with interdisciplinary team findings from the individualized assessment and develop a multidisciplinary plan of care to prevent falls", and "Following a patient fall, observe for serious injury due to a fall and follow facility protocols for</p>	F 281	<p><u>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</u> Resident #1 is no longer a resident of Bennington Health and Rehabilitation</p> <p><u>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?</u> Residents that have medication changes are at risk. Records of residents will be reviewed to ascertain if there are any other incidents where a report was not completed. If any are found reports will be completed as required. Resident charts will be reviewed for potential medication errors and corrections made as necessary.</p> <p><i>POC accepted 8/29/14 F. Keen RNMSADBA</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Kathy A. ...</i>	TITLE Executive Director	(X6) DATE 8/20/14
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A 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.

CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 281	<p>Continued From page 1 management (standard of care)."</p> <p>Per record review, Resident #1, whose diagnoses include lower limb amputation, difficulty walking, and muscle weakness, was admitted to the facility for rehabilitation on 5/30/14.</p> <p>1). Per record review and confirmed per interview with the facility's Assistant Director of Nursing Services [ADNS] on 7/1/14 at 3:34 P.M., on 6/1/14 Nursing notes record "Therapy called and updated on resident being lowered to floor last evening [5/31/14]". Per record review, the Minimum Data Sheet [MDS] for Resident #1, dated 6/6/14, lists "Resident has fallen at least one time since admission: Yes". Nursing Notes dated 6/7/14, record "Resident was transferring w/ LNA [Licensed Nursing Assistant]...and stated that [h/she] felt [h/she] was going to "go down". LNA and resident slowly lowered to [h/her] knees". Per record review and confirmed by the ADNS, both incidents [5/31, 6/7] document Resident #1 being lowered to h/her knees, the resident indicated to staff h/she was falling, and should be recorded as falls. The ADNS confirmed it is the facility's policy to file an incident report after any fall, and there was no incident report filed for either the 5/31 or 6/7 falls, and no documentation that Resident #1's family or physician was notified. The ADNS confirmed there was no fall assessment performed after either of the 2 falls, and no Care Plan initiated regarding falls and prevention until after the second fall on 6/7/14.</p> <p>2). Per record review, a fax sent from Physician A on 6/5/14 contains an order to increase Resident #1's Aldactone [a diuretic medication] 100 mg. dose from once to twice daily. Per record review,</p>	F 281	<p><u>3. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur:</u></p> <p>Records of residents will be reviewed to ascertain if there are any other incidents where a report was not completed. If any are found reports will be completed as required. Resident charts will be reviewed for potential medication errors and corrections made as necessary.</p> <p>Falls will be discussed at concurrent review in the mornings to insure internal incident reports are complete. Those that are identified as incomplete in concurrent review will be completed before the end of the day. Medication change orders will be reviewed at concurrent review to assure that medications are received as ordered.</p> <p><u>4. How 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?</u> Random audits will be done weekly x4, monthly x4 and then quarterly x2. Results will be reported thru QUAPI and changes made when needed.</p> <p><u>5. Dates Corrective Action will be completed:</u> <u>Date:</u> Responsible: Nurse Managers Compliance Date: 9/1/14</p>	

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F 281	Continued From page 2 a fax responding to the Physician's order was sent 4 days later on 6/9/14 reporting the resident had not been receiving any Aldactone, and did h/she wish to continue the dosage ordered on 6/5/14. Per Interview with the facility's Assistant Director of Nursing Services [ADNS] on 7/1/14 at 3:34 P.M., the physician should have been contacted regarding the medication and order clarification "immediately". The ADNS confirmed the facility did not contact the physician immediately but waited 4 days to notify h/her that the resident had never received the medication and to ask if the resident should be started on the ordered dose.	F 281	F 9999 2.9 1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice? Resident #1 is no longer a resident at Bennington Health and Rehabilitation 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; Residents that have a death from an untoward event. 3. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur; Deaths resulting from untoward circumstances will be reviewed at morning meeting and paperwork completed as well as notification to the licensing agency. Deaths that are a result of an untoward event will be reported to the licensing agency by the next business day. 4. How 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? Any untoward death will be audited by the administrator to ensure that the appropriate documentation and notification has occurred and results will be reported thru the QUAPI.	

5. Dates Corrective Action will be completed:

Responsible: Administrator
08/01/2014 9/1/14