

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 29, 2016

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

Provider ID #: 475027

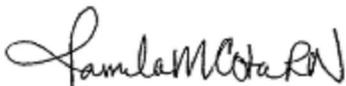
Dear Mr. Crowder:

The Division of Licensing and Protection completed a complaint investigation at your facility on **March 14, 2016**. The purpose of the investigation was to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and Medicaid programs. This survey found that your facility was in substantial compliance with the participation requirements. However, there is one deficiency that does not require a plan of correction but does require a commitment to correct. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations. Please **sign the enclosed CMS-2567 and return** the original to this office by **April 8, 2016**.

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to Suzanne Leavitt, RN, MS, Assistant Division Director, Division of Licensing and Protection. This request must be sent during the same ten days you have for returning the enclosed CMS-2567 statement of deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 03/24/2016
FORM APPROVED
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 03/14/2016
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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)	(X5) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced onsite investigation of a self report and a complaint were conducted by the Division of Licensing and Protection on 03/03/16, and completed on 03/14/16. While the facility was found to be in substantial compliance, the following are identified issues that require correction.</p>	F 000		
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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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 475027	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 3/14/2016
NAME OF PROVIDER OR SUPPLIER BENNINGTON HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 2 BLACKBERRY LANE BENNINGTON, VT	
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 282	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide services in accordance with the plan of care for 1 of 2 applicable residents in the sample (Resident #1). Findings include:</p> <p>1. Resident #1 was identified during record review on 03/03/16 as having skin integrity concerns, in which nursing staff did not follow the plan of care. Per observation on 03/03/16 at 11:00 AM Resident #1 was observed with multiple bruises, discolorations, (new and fading), about the arms and hands. During interview at that time the resident stated that "I have to be careful as I bleed easily" and "I am taking something to thin my blood". The resident acknowledged that some are new and some are healing and/or fading and the skin has bruises 'all the time'. The facility identified this resident as having altered skin integrity. The care plan dated 11/03/15 and 02/03/16 states the resident will have intact skin, free of redness, blisters or discoloration. Staff are directed to: Monitor/document/report to MD changes in skin status: appearance, color, wound healing, s/sx [signs & symptoms] of infection, wound size (length, width, depth), stage. In the addition, the treatment administration record (TAR) dated 12/09/15, states 'Skin evaluation on bath day [Wednesday]'. Per review of the medical record demonstrates via the nurse's progress noted as 'text note' on 12/30/15 and 10/6/15, that the nurse did not provide a skin evaluation. The text note states "unable to complete on this day will provide skin check on next bath day" and "was in with another patient while in bath", respectively. No further follow up was noted. Per interview on 03/03/14 at 4:16 PM the Director of Nursing (DNS) confirmed that nursing staff did not follow the care plan for skin evaluation weekly on bath day.</p> <p>*This is an "A" level citation.</p>		
F 514	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by:</p>		

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

The above isolated deficiencies pose no actual harm to the residents

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NAME OF PROVIDER OR SUPPLIER BENNINGTON HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 2 BLACKBERRY LANE BENNINGTON, VT
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 514	<p>Continued From Page 1</p> <p>Based on observation, medical record review and staff interview, the facility failed to maintain the clinical record that was complete and accurate, regarding documentation for 1 of 3 residents with skin integrity issues. (Resident #1) Findings include:</p> <p>Per observation on 03/03/16 at 11:00 AM Resident #1 was observed with multiple bruises, discolorations, (new and fading), about the arms and hands. During interview at that time the resident stated that "I have to be careful as I bleed easily" and "I am taking something to thin my blood". The resident acknowledged that some are new and some are healing and/or fading and the skin has bruises 'all the time'. The facility identified this resident as having altered skin integrity.</p> <p>Review of the Care plan dated 11/03/15 directs staff to monitor/document skin status, while the TAR directs staff to do Skin checks on bath days [Wednesday]. The medical record demonstrates the skin evaluations, as only six (out of possible fourteen) from November 2015 to 03/02/2016, although the TAR documented skin checks are being done on bath day, except twice during the same period.</p> <p>Review of the policy and procedure, states Skin Integrity Management- Practice Standard 3.2 - Treatment Perform skin inspection on admission/re-admission and weekly. Document on Admission Record (TAR).</p> <p>3.3 Perform wound observations, and measurements and complete Skin Integrity Report upon initial identification of altered skin integrity, weekly, and with anticipated decline.</p> <p>Per interview at 4:14 PM the DNS stated that nurses are checking off the TAR that the skin checks were completed. The DNS acknowledged that the Skin Integrity Report is (now) the Skin Evaluations noted in the electronic chart. However, The DNS was unable to state if the resident's skin had no bruising on the days in which there were no nursing documentation of the actual skin integrity, just checkmarks on the TAR. The DNS acknowledged that the skin evaluations should be concise, accurate and thorough for this resident, who presents with many bruises which are constantly new or fading.</p> <p>*This is an "A" level citation.</p>
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