

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

December 24, 2014

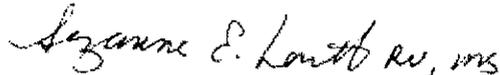
Mr. Randy Crowder, Administrator  
Bennington Health & Rehab  
2 Blackberry Lane  
Bennington, VT 05201-2300

Dear Mr. Crowder:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 3, 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,



Suzanne Leavitt, RN, MSN  
Assistant Division Director  
State Agency Survey Director



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  12/03/2014
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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)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS  An unannounced onsite recertification survey was conducted by the Division of Licensing and Protection between 12/1 and 12/3/2014. There were regulatory findings.	F 000	<u>This Plan of Correction does not imply agreement with the allegations. It is completed as required by State and Federal regulations.</u>	
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS  A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.  The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.  The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).  This REQUIREMENT is not met as evidenced by: Based on observation, record review, and resident and staff interview the facility failed to assure that a plan of care for one resident out of 24 in the Stage 2 sample, Resident #100, was developed to reflect the increased potential for bruising and impaired skin integrity. Findings	F 279	<u>Plan of Correction</u> <u>F 279</u>  <u>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</u>  Resident #100 had his care plan updated and there was no harm to this resident for this alleged deficient practice  <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 are on medications that have the potential to cause increase skin tears or bruising are at risk.	12/22/14

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Paul Curran</i>	TITLE  Executive Director
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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 279 Continued From page 1  
 Include:  
 Per observation on 12/1/14 at 3:30 PM, Resident #100 had a large bruise on the dorsum of her/his left hand and a second bruise on her/his right hand. When asked if s/he knew how the bruising had occurred s/he stated that the medications s/he takes cause her/him to get bruises. Per record review, the resident is receiving Prednisone 10 mg by mouth (PO) daily, ASA 81 mg PO daily, and Clopidogrel 75 mg PO daily. All three of these medications cause an increased risk of bruising due to decreased clotting. Additionally the Prednisone (a steroid) causes thinning of the skin which increases the risk for skin tears. In an interview on 12/2/14 at 3:45 PM the Unit Manager (UM) stated that the resident's Physician (MD) had discussed with her/him the concerns s/he had about all the bruising and that the MD had stated that the resident needed to continue the medications. The UM confirmed that there was no care plan for Potential Impaired Skin Integrity or Potential Bruising in the resident's record.

F 280 SS=8 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP  
 The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.  
 A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility

F 279  
3. What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?  
 Residents that are identified as having this risk will be care planned for that risk. Staff will be in serviced on the medications that may present a risk for bruising and/or skin tears and the need to have the care plan reflect the potential for these side effects.  
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?  
 Audits of care plans of those residents identified as being at risk will be done weekly x 4 and monthly x 4. Results of these audits will be reported through the QUAPI team.

F 280  
5. Dates Corrective Action will be completed:  
 Responsible:  
 Administrator, Unit managers or designee.  
 Substantial compliance Jan 3, 2015

1/3/15  
 [Handwritten initials and date]

[Handwritten signature]

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

FORM APPROVED  
OMB NO. 0936-0391

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  12/03/2014
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F 280

Continued From page 2  
for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.

This REQUIREMENT is not met as evidenced by:  
Based on observation, resident and staff interview and record review the facility failed to assure revision of care plans to reflect the current status regarding functional bladder incontinence, pain, nutritional needs and/or medications for 2 of 24 residents in the Stage 2 sample, Resident #16 and # 26. Findings include:

1. Per record review, Resident #16 was admitted to the facility on 7/13/14 with a lower extremity right shin wound that measured 16.0cm (centimeters) x 6.0cm with 4.0cm depth. Treatment included the use of a wound vac that was discontinued when the wound healed. Per observation at this time, the resident presents without a wound vac and no evidence of a wound. Review of the medical record progress notes indicate that the wound healed on 10/12/14. Resident #16 has a care plan that reflects h/she has acute pain related to right lower extremity (RLE) wound that was initiated on 7/17/14. The care plan for this resident also presents, in relation to the right shin wound, that there is increased nutrient needs related to RLE wound dated 9/22/14, with no revision to reflect that the wound has healed and the need for increased

F 280

F 280

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

Residents # 16 and #26's care plans were revised. There was no harm to either resident from this alleged deficient practice

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 who have wounds that heal, medications that are no longer utilized or assistance for toileting change are at risk to not have their care plan revised.

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

Changes that occur will be reviewed in concurrent review and care plans updated at that time. Staff involved in care planning will be in serviced on keeping care plans up to date.

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

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OMB NO. 0938-0391

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F 280

Continued From page 3

calories and protein are no longer needed. The Registered Nurse (RN), Unit Manager confirmed at this time that the resident no longer has a wound and the care plan does not accurately reflect the current status of the resident or his/her needs.

2. Per record review for Resident #16, the care plans present that resident has functional bladder incontinence related to dementia and impaired mobility. The interventions listed include to check resident every two hours and as required for incontinence. During observation of the resident on 12/2/14 between 3:15 and 4:15 PM, h/she transferred from chair to bathroom independently with a walker. Interview with Licensed Nursing Assistant (LNA) at 4:16 PM presented that the resident will sometimes call for help if h/she is confused, but will take self to the bathroom often. H/she further stated that the resident is fairly independent and needs limited assist for care. Per interview with another LNA at 4:27 PM, h/she stated that the resident is fairly independent and is aware of when h/she is incontinent and that h/she is not on a toileting program or schedule. The LNA stated that the resident rings when h/she has had an episode of incontinence and staff then provides her with cleaning and another panty liner. At 4:30 PM the resident stated in an interview that if h/she needs help to go to the bathroom, h/she will call for help and that most of the time h/she can make it in time. 12/2/14 at 4:38 PM confirmation was given by the RN that the care plan does not reflect the current status of the resident.

3. Per record review on 12/2/14, Resident #26, whose diagnoses include end stage renal disease, has a plan of care that documents the

F 280

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?  
Weekly audits x4 then monthly audits x 4 will be done with results reported through the QUAPI team.

5. Dates Corrective Action will be completed: Substantial Compliance Jan 3, 2015.  
Responsible: Administrator, Unit Managers or designee

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F 280 Continued From page 4  
resident is receiving "Lorazepam (an anti-anxiety medication) 3 times weekly prior to dialysis". Interventions in the care plan include, "administer Ativan (brand name for Lorazepam) prior to dialysis as ordered. Monitor effectiveness and for any side effects". Per record review, Physician Orders dated 9/23/14 state to discontinue Lorazepam". Per interview with Unit Manager (UM) for Resident #26 on 12/3/14 at 10:05 A.M., the UM confirmed the order for Resident #26 to receive Lorazepam was discontinued greater than 2 months prior to the date of the survey. The UM confirmed that the care plan on 12/2/14 did not reflect the current status of the resident's medications, and should have been revised when the anti-anxiety medication was stopped but was not.

F 280

F 281 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS

F 281

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:  
Based upon observation, interview, and record review, the facility failed to assure the services provided or arranged by the facility meet professional standards of quality for 2 of 24 residents, (Residents #102 & #26) of the Stage 2 sample group, regarding indwelling catheter use and failure to follow physician's orders.  
Findings include:

1. Per the Center for Disease Control and Prevention guidelines: "Insert catheters only for appropriate indications, and leave in place only as

F 281

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

Resident # 102 had his Foley catheter removed. There was no harm from this alleged deficient practice.

Resident #26's oxygen tubing and humidifier bottle changed immediately. There was no harm from this alleged deficient practice.

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 with Foley catheters or on oxygen are at risk

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

Residents admitted with Foley catheters will have a medical diagnosis within 72 hours or the catheter will be discontinued.

*RMC*

*12/15/14*

*11/3/15*

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F 281

Continued From page 5  
 long as needed. Minimize urinary catheter use and duration of use in all patients, particularly those at higher risk for CAUTI [catheter associated urinary tract infections] such as women, the elderly, and patients with impaired immunity. Minimize urinary catheter use and duration in all patients, particularly those who may be at higher risk for mortality due to catheterization, such as the elderly and patients with severe illness."  
 [[http://www.cdc.gov/hicpac/cauti/008\\_evidenceReview.html](http://www.cdc.gov/hicpac/cauti/008_evidenceReview.html)]  
 Per record review Resident #102, age 84, was admitted to the facility with a urinary catheter on 11/1/14. The Nursing Admission Note for that date records Resident #102 "was admitted with foley catheter, no medical diagnosis noted for that and no order, evening shift nurse to remove." Nursing Admission Evaluation for Resident #102 dated 11/2/14 lists, "Is there medical indication for catheter at this time? No." Nursing Notes on 11/4/14 report that the foley catheter is still present and a fax was sent to the physician stating, "request to remove foley, no medical reason noted for it". Per record review nursing did not receive a response until 11/13/14, when the request was granted and the foley catheter was then removed, 13 days after the resident was admitted to the facility.  
 On 11/15/14 Nursing Notes record the resident had not voided for 2 shifts, and an order was obtained to 'straight cath' [a catheter inserted to drain the bladder then immediately removed] the resident after h/she has voided. The order states if the urine drained is greater than 400 milliliters for 2 times [voiding twice and straight cathing twice, with the amount greater than 400 milliliters

F 281

Residents admitted with a Foley catheter will have an order for Foley catheter care and the care plan will reflect that the resident is at risk for complications related to having a Foley catheter.  
 Residents on humidified oxygen will have their tubing and water bottles changed weekly as per current policy.  
 Staff will be in serviced on obtaining and documenting medical diagnosis for Foley catheters within 72 hours of admission as well as the need to remove if no diagnosis. In-service will be provided to those staff involved in care planning for Foley catheters and the need to have the care plan reflect the risk involved with using a Foley catheter. Inservice will be provided on timely response of faxes and follow-ups requesting urology consults.  
 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?  
 Weekly audits of residents with Foley catheters will be done weekly x 4 and then monthly x4 to assure that there is a diagnosis, orders for catheter care are obtained, faxes have timely responses and requests for urology consults are followed up in a timely manner.  
 Residents on humidified oxygen will be audited weekly x 4 and then monthly x 4 to ensure oxygen tubing and water bottles are change per nursing policy. Results for both audits will be reported through our QUAPI team.

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

OMB NO. 0938-0391

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F 281 Continued From page 6  
both times] reinsert the foley catheter and obtain a urology consult.

Per record review and confirmed by the Unit Manager (UM), Nursing Notes record the resident's output was greater than 400 milliliters only one time before the foley catheter was reinserted, and there is no documentation that a urology consult was obtained. Per record review 23 days after Resident #102 was admitted with a foley catheter, the Care Plan was revised to reflect the use of a foley catheter with the resident, and on 12/1/14, 30 days after Resident #102 was admitted with a foley catheter, a Physician's Order was obtained for "Foley Catheter care, monitor output every shift" and a urology consult was scheduled for 12/12/14.

Per interview with UM on 12/3/14 at 1:19 P.M., the UM confirmed that Resident #102 had no diagnosis that indicated a need for a catheter, the Nursing Admission Evaluation recorded there was no medical reason for it, and a Physician's Order was not obtained for its insertion or use. The UM confirmed upon admission Nursing Notes stated that the catheter would be removed but it was not, and when the physician was faxed a request for an order to remove it there was no reply for 9 days, and that nursing should not have waited that long for a response. Additionally, the UM confirmed that the parameters listed on the Physician's Order on 11/15/14 were not met but the catheter was reinserted, and there was no urology consult obtained at that time. The UM also confirmed that a Care Plan reflecting the use of a foley catheter should have been developed shortly after admission but was not done for 23 days, and an order for foley catheter care and a urology consult were not obtained until 12/1/14.

F 281

5. Dates Corrective Action will be completed:  
Responsible: Administrator, Unit Managers or designee.  
Substantial Compliance: Jan 3, 2014

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11/15/14

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

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F 281 Continued From page 7

See also F315.

2. Per record review, Resident #26 has diagnoses which include asthma and receives humidified oxygen as part of his/her medical care. The oxygen is delivered by an oxygen concentrator, with the oxygen flowing through a container of sterile water with plastic tubing attached and traveling to the patient. Per observation on 12/02/2014 at 8:30 AM Resident #26 was seated in his/her room receiving the oxygen therapy. The container of sterile water and the oxygen tubing were marked with the date '11/20/14'. Per record review, Physician's Orders for Resident #26 include "Change oxygen tubing weekly on Thursday night shift".

Per interview with the Unit Manager (UM) for Resident #26 on 12/02/2014 at 10:34 AM, the UM stated the oxygen tubing and the water containers on oxygen concentrators are changed once a week. The UM confirmed the date on the oxygen equipment for Resident #26 was 11/20/14 and it should have been changed on 11/27/14 but was not. Per record review, Resident #26 had a Medication Administration Record document that indicates the sterile water and oxygen tubing was changed on 11/27/14. Per interview, the UM stated the date on water bottle indicated the water and tubing were not changed but were documented as having been done.

F 315 483.25(d) NO CATHETER, PREVENT UTI, SS=D RESTORE BLADDER

Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an

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*Paul*

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F 315	<p>Continued From page 8</p> <p>indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary, and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:                      Based upon staff interview and record review, the facility failed to assure that 1 of 3 residents with urinary catheters, Resident #102, had medical justification, a corresponding diagnosis, and a physician order for use of the catheter, and had it discontinued when not clinically warranted. Findings include:</p> <p>Per record review Resident #102 was admitted to the facility with a urinary catheter on 11/1/14. The Nursing Admission Note for that date records Resident #102 "was admitted with foley catheter, no medical diagnosis noted for that and no order, evening shift nurse to remove." Nursing Admission Evaluation for Resident #102 dated 11/2/14 lists, "Is there medical indication for catheter at this time? No." Nursing Notes on 11/4/14 report that the foley catheter is still present and a fax was sent to the physician stating, "request to remove foley, no medical reason noted for it". Per record review nursing did not receive a response until 11/13/14, when the request was granted and the foley catheter was then removed, 13 days after the resident was admitted to the facility.</p> <p>On 11/15/14 Nursing Notes record the resident had not voided for 2 shifts, and an order was</p>	F 315	<p>F 315</p> <p><u>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice?</u></p> <p>Resident # 102 had his Foley catheter removed. There was no harm from this alleged deficient practice.</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></p> <p>Residents with Foley catheters are at risk.</p> <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>Residents admitted with Foley catheters will have a medical diagnosis within 72 hours or the catheter will be discontinued. Residents admitted with a Foley catheter will have an order for Foley catheter care and the care plan will reflect that the resident is at risk for complications related to having a Foley catheter. Staff will be in serviced on obtaining and documenting medical diagnosis for Foley catheters within 72 hours of admission as well as the need to remove if no diagnosis. In-service will be provided to those staff involved in care planning for Foley catheters and the need to have the care plan reflect the risk involved with using a Foley catheter.</p>	12/15

*me*

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  12/03/2014
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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)	(X5) COMPLETION DATE
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F 315 Continued From page 9

obtained to 'straight cath' [a catheter inserted to drain the bladder then immediately removed] the resident after h/she has voided. The order states if the urine drained is greater than 400 milliliters for 2 times [voiding twice and straight cathing twice, with the amount greater than 400 milliliters both times] reinsert the foley catheter and obtain a urology consult.

Per record review and confirmed by the Unit Manager [UM], Nursing Notes record the resident's output was greater than 400 milliliters only one time before the foley catheter was reinserted, and there is no documentation that a urology consult was obtained. Per record review 23 days after Resident #102 was admitted with a foley catheter, the Care Plan was revised to reflect the use of a foley catheter with the resident, and on 12/1/14, 30 days after Resident #102 was admitted with a foley catheter, a Physician's Order was obtained for "Foley Catheter care, monitor output every shift" and a urology consult was scheduled for 12/12/14.

Per interview with UM on 12/3/14 at 1:19 P.M., the UM confirmed that Resident #102 had no diagnosis that indicated a need for a catheter, the Nursing Admission Evaluation recorded there was no medical reason for it, and a Physician's Order was not obtained for its insertion or use. The UM confirmed upon admission Nursing Notes stated that the catheter would be removed but it was not, and when the physician was faxed a request for an order to remove it there was no reply for 9 days, and that nursing should not have waited that long for a response. Additionally, the UM confirmed that the parameters listed on the Physician's Order on 11/15/14 were not met but the catheter was reinserted, and there was no

F 315

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?

Weekly audits of residents with Foley catheters will be done weekly

x 4 and then monthly x4 to assure that there is a diagnosis, orders for catheter care are obtained, faxes have timely responses and requests for urology consults are followed up in a timely manner.

5. Dates Corrective Action will be completed:  
 Responsible: Administrator, Unit Managers or designee.  
 Substantial Compliance: Jan 3, 2014

*McAuley  
12/22/14  
JAB*

*11/3/15*

*Bne*

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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  12/03/2014
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F 315	Continued From page 10 urology consult obtained at that time. The UM also confirmed that a Care Plan reflecting the use of a foley catheter should have been developed shortly after admission but was not done for 23 days, and an order for foley catheter care and a urology consult were not obtained until 12/1/14.	F 315		1/31/15

*RAC*