Division of Licensing and Protection
HC 2 South - 280 State Drive
Waterbury VT 05671-2306
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
To Report Adult Abuse: (800) 564-1612
Survey and Certification Fax (802) 241-0383

February 12, 2016

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

Provider ID #: 475029

Dear Ms. Anair:

On **February 1, 2016**, we conducted a revisit to the survey of to verify that your facility had achieved substantial compliance. Based on our revisit, we found that your facility is in substantial compliance with participation requirements found in Title 42, Code of Federal Regulations as of **January 16, 2016**.

However, there is an additional deficiency cited 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	475029		R 02/01/2016

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}		

An unannounced on-site follow-up survey was conducted on 2/1/16 by the Division of Licensing and Protection. The facility was found to be in substantial compliance with the regulatory findings from the 12/14/16-12/16/16 recertification survey; however the following issue was identified that requires correction.

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 # 475029	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 2/1/2016
NAME OF PROVIDER OR SUPPLIER **CENTERS FOR LIVING AND REHAB**	STREET ADDRESS, CITY, STATE, ZIP CODE **160 HOSPITAL DRIVE BENNINGTON, VT**		

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 514	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE

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.

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.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the facility failed to maintain clinical records that are accurately documented in accordance with accepted professional standards and practices for 1 of 3 residents (Resident #127). Findings include:

Per review of the medical record there was a document with instructions for taking the resident out on leave from the facility. This document had the following medication allergies listed: azithromycin (antibiotic), tramadol (medication for pain), lorazepam (medication for anxiety), codeine (medication for pain), clonazepam (medication for seizures, anxiety), indomethacin (anti-inflammatory medication) , ranitidine (medication for heartburn), trazodone (medication for depression), lisinopril (medication for blood pressure). The medications lorazepam and clonazepam (medications used for anxiety and seizures) are listed with the same pharmacological drug classification. This classification is benzodiazepines which are psychoactive drugs (Nursing Drug Reference Book 2014, Lippincott.) Per review of a physician's order dated 1/26/16, the allergy to lorazepam was removed. Upon further review of the resident's medical record, clonazepam continued to be listed as an allergy.

Per interview on 2/1/16 at 3:50 PM with the Nurse Practitioner he/she stated that the resident most likely did not have an allergy to benzodiazepines. The resident was currently taking Lorazepam without any problems. He/she stated that he/she made attempts to contact the resident's past Primary Care Physician(s) back to 2010 to clarify what the allergies were to the benzodiazepines. He/she stated the allergies had been listed on previous medical records and he/she received the resident's allergy history from the resident's family. He/she stated that he/she will clarify the resident's allergy to benzodiazepines with the resident's physician.