

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

February 24, 2011

Wendy Beatty, Administrator
Bennington Health & Rehab
2 Blackberry Lane
Bennington, VT 05201

Provider ID #:475027

Dear Ms. Beatty:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on
January 24, 2011.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



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

RECEIVED
Division of
FEB 17 11

PRINTED: 02/01/2011
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 01 - MAIN BUILDING 01 B. WING _____	Licensing and Protection (X3) DATE SURVEY COMPLETED 01/24/2011
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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
K 000	INITIAL COMMENTS	K 000		
K 029 SS=D	<p>A Life Safety Code survey was conducted on 1/24/11. The following violations were identified.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation during a facility tour on 1/24/11, accompanied by the Maintenance Supervisor, the door opening into the area of the dirty laundry chute on the 3rd floor, which was on a self closer, did not positively latch.</p>	K 029	<p>Corrective Action K029</p> <p>Corrective Action: Latch fixed on laundry chute door 1/24/2011.</p> <p>At Risk: All fire-rated doors can potentially be affected.</p> <p>What measures have been put in place to prevent this deficient practice: Maintenance staff to check all doors and make necessary changes by 2/20/2011.</p> <p>How will it be monitored: Random weekly audits to be performed by Maintenance director or designee to Determine compliance.</p> <p>Responsible: Maintenance Director shall report to QAA committee monthly x 3 at this time, frequency of further action to be determined by the QAA committee.</p> <p>Completion Date: February 20, 2011</p> <p><i>K029 POC Accepted 2/22/11 F. Cioffi / P. Motarn</i></p>	
K 070 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8</p> <p>This STANDARD is not met as evidenced by: Based on observation during a facility tour on</p>	K 070		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE NHA	(X6) DATE 2.17.11
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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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(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
K 070	Continued From page 1 1/24/11, accompanied by the Maintenance Supervisor, a combination air conditioning/heating unit (a free standing portable unit) was present in a room on the 2nd floor of the facility.	K 070	<p>Corrective Action K070</p> <p>Corrective Action: Air conditioner removed from rooms 1/24/2011.</p> <p>At Risk: All resident rooms that utilize portable air conditioners can potentially be affected.</p> <p>What measures have been put in place to prevent this deficient practice: Maintenance staff to check all rooms for portable air conditioners and make necessary changes by 2/20/2011.</p> <p>How will it be monitored: Random weekly audits to be performed by Maintenance director or designee to determine compliance.</p> <p>Responsible: Maintenance Director shall report to QAA committee monthly x 3 at this time, frequency of further action to be determined by the QAA committee.</p> <p>Completion Date: February 20, 2011</p> <p><i>K070 POC Accepted 2/22/11 F.Cioffi / AMcAURN</i></p>	

WSP

NHA

2.17.11