

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 26, 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

PRINTED: 02/07/2011
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 _____ B. WING _____ <small>Licensing and Protection</small>	FEB 22 11 01/26/2011
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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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F 000	INITIAL COMMENTS	F 000		
F 272 SS=D	<p>An annual recertification survey was conducted by the Division of Licensing and Protection from 1/24/11 through 1/26/11.</p> <p>483.20, 483.20(b) COMPREHENSIVE ASSESSMENTS</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed through the resident assessment protocols; and Documentation of participation in assessment.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 272	<p>F 272 Corrective Action: Resident #76 was placed on a functional maintenance plan. Who is at risk? Residents dependent on staff for mobility. What measures have been put in place? Functional mobility baselines are being conducted on current residents and new admissions. Quarterly reassessment will be done with the MDS. Contracture management education will be done with rehab, nursing, restorative and activities. How will this be monitored? Assessment findings will be reviewed by nursing and therapy with recommendations for interventions which could include either no interventions, functional maintenance plan, restorative plan or actual rehab. Random chart audits will be done to ensure assessments are being completed with results reported through the QAA process. Responsible: PT, ADNS or designee Compliance Date? 2/26/11</p> <p><i>F272 POC Accepted 2/23/11 R.Tremblay RN M. Colburn</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE NH A	(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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F 272	Continued From page 1 by: Based on observations, record review, and staff interview, the facility failed to assure that an accurate comprehensive assessment was completed for 1 of 41 residents sampled (Resident #76). Findings include: Per observation on 1/25/11, Resident #76 has contractures in his/her hands and legs and is non-ambulatory. Upon review of the MDS Assessments, both the annual full assessment completed in April 2010 and the latest quarterly assessment dated 12/10/10, the Resident is coded as having no limitations in functional range of motion. Per observation and interview with a Licensed Nursing Assistant, the resident can stretch her legs out but not to the straight position, her right hand is somewhat contracted, and the left hand only opens slightly before the resident complains of pain. Per interview on 1/26/11 at 8:05 AM, the Rehab Manager/Physical Therapist confirmed that this resident had some functional range of motion deficits when receiving Physical Therapy services over a year ago, and that there has been further decline of the Resident's range of motion since that time. Per interview on 1/26/11 at 9:44 AM, the MDS Coordinator and the Assistant Director of Nursing confirmed that this resident was coded inaccurately for functional range of motion status.	F 272			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.	F 282			

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F 282	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to provide services in accordance with the written plan of care for one resident with dental pain in the Stage II sample. (Resident # 25) Findings include: 1. Per record review, the Nutrition Care Plan for resident #25 includes a dental evaluation PRN (as needed) and monitoring of dental pain. Per record review, Resident # 25's last dental exam was on 8/8/03. In addition, there was no documentation that dental pain was monitored. Per interview on 1/26/11 at 9:48 AM, a Licensed Nurse Assistant (LNA) stated Resident #25's teeth are brushed every day and that Resident #25 expresses concerns about mouth pain on the right side and touches the right cheek during oral care. Per interview on 1/26/11 at 9:50 AM, the unit manager confirmed that Resident #25's last dental exam was on 8/8/03, the Nutrition Care Plan was not implemented to include a dental evaluation as needed, and monitoring of dental pain was not documented.	F 282	F282 Corrective Action? Resident #25 was assessed for pain. A dental visit was arranged. Who is at risk? Residents who have dental pain What Measures have been put in place to prevent this deficient practice? Identified oral problems will be followed up by a dental consult. Pain is monitored daily. Education will take place with staff and family members to ensure dental pain is reported promptly at time of occurrence. How will this be monitored? An audit tool will be implemented to audit pain assessment – specifically dental pain . Random daily audits x4 weeks Weekly random audits x 4 then montly x2 Results will be reported through the QAA process with interventions as appropriate. Responsible: Nurse manger or designee Compliance date? 2/26/11 <i>F282 POC Accepted 2/23/11 R. Tremblay RN / P. Motar RN</i>	
F 318 SS=D	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT is not met as evidenced by:	F 318		

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F 318	Continued From page 3 Based on observation, record review and staff interview, the facility failed to assure that a resident with limited range of motion received appropriate treatment and services to prevent further decrease in range of motion for 1 applicable resident in the sample (Resident #76). Findings include: Per observation on 1/25/11, Resident #76 has limited range of motion in both knees and both hands, and the left hand is able to open only slightly before the resident complains of pain. There are no splints or other devices in use. Per record review, the MDS Assessments from April 2010 and December 2010 are inaccurately coded as not having any limitation in functional range of motion. There is no mention in the plan of care for staff to perform range of motion, and no documentation that this was being completed. Per interview on 1/26/11 at 8:05 AM, the Rehab Manager/Physical Therapist confirmed that this resident had some functional range of motion deficits when receiving Physical Therapy services over a year ago, and that there has been further decline of the Resident's range of motion since that time. The therapist also stated that the resident was on a functional maintenance program that would include performing range of motion exercises daily. Per review of the resident's record and the book that documents the provision of functional maintenance exercises, the resident is not on a formal plan, and this was confirmed by the PT Rehab manager.	F 318	F318 Corrective Action Resident #76 was placed on a functional maintenance plan. Who is at risk? Residents dependent on staff for mobility What measures have been put in place to prevent this from happening again? Functional mobility baselines are being conducted on current residents and new admissions Quarterly reassessment will be done with the MDS. Contracture management education will be done with rehab, nursing, restorative and activities. How will this be monitored? Assessment findings will be reviewed by nursing and therapy with recommendations for interventions which could include either no intervention, functional maintenance, restorative or actual rehab. Findings will be reported through the QAA process. Responsible: Unit managers ADNS or Designee Compliance Date: 2/26/11 F318 POC Accepted 2/23/11 A. Tremblay RN / AMCoturn	
F 412 SS=D	483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with	F 412		

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F 412	Continued From page 4 §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist. This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to provide routine dental services to meet the needs of one resident with dental pain in the Stage II sample. (Resident #25) Findings include: 1. Per record review, the Nutrition Care Plan for resident #25 includes a dental evaluation PRN (as needed) and monitoring of dental pain. Per record review, Resident #25's last dental exam was on 8/8/03. In addition, there was no documentation that dental pain was monitored. Per interview on 1/26/11 at 9:48 AM, a Licensed Nurse Assistant (LNA) stated Resident #25's teeth are brushed every day and that Resident #25 expresses concerns about mouth pain on the right side and touches the right cheek during oral care. Per interview on 1/26/11 at 9:50 AM, the unit manager confirmed that Resident #25's last dental exam was on 8/8/03, the Nutrition Care Plan was not implemented to include a dental evaluation as needed, and monitoring of dental pain was not documented.	F 412	F412 Corrective action? Resident #25 was assessed for pain. A dental visit was arranged. Who is at risk? Residents who have dental pain What measures have been put in place to prevent this deficient practice? Identified oral problems will be followed up by a dental consult. Pain is monitored daily. Education will take place with staff and family members to ensure dental pain is reported promptly at time of occurrence. How will this be monitored? An audit tool will be implemented to audit pain assessment – specifically dental pain . Random daily audits x4 weeks Weekly random audits x 4 then montly x2 Results will be reported throught the QAA process with interventions as appropriate. Responsible: Nurse manger or designee Compliance Date: 2/26/11 F412 POC Accepted 2/23/11 A.Tremblay RN / J.McCotter RN	
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of	F 431		

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F 431	<p>Continued From page 5</p> <p>a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to assure that drugs were labeled correctly. Findings include:</p>	F 431	<p>F431.</p> <p>Corrective Action: Med carts and refrigerators were checked to make sure open vials were dated. Undated open vials were discarded.</p> <p>Who is at risk? Residents receiving medication from a vial</p> <p>What measures have been put in place to prevent this from happening again? When opening a vial, the nurse will place a sticker on that vial with date vial opened. Nurses will receive inservices on this procedure..</p> <p>How will this be monitored? Night shift will check that open vials are dated daily. Random Audit will be done to ensure the task is being completed. Results will be reported through the QAA process and further interventions put in place as necessary.</p> <p>Responsible: Unit managers, ADNS or designee.</p> <p>Compliance: 2/26/11</p> <p><i>F431 POC Accepted 2/23/11 R.Tremblay RN / AMcotARN</i></p>	

WTT 2.17.11

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F 431	Continued From page 6 Per observation on 1/25/11, the third floor medication storage refrigerator contained two opened multi-dose vials of NPH insulin; one with an unreadable date, and one with no date indicating when it had been opened. At 11:28 AM, the nurse administering medications confirmed that the date was unreadable on one vial, and the other insulin was not labeled at all. Also, on 1/25/11 at 11:50 AM, per observation of the second floor medication cart, there was an opened multi-dose vial of Lantus Insulin that had no date written on it to indicate when it was opened. The observation was confirmed by the nurse passing medications from this cart at 11:55 AM.	F 431		
F 465 SS=D	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based upon observation and interview, the Facility failed to ensure a safe environment in two resident rooms located on the second floor. (Rooms # 4 and # 13) Findings include: 1. Per observation of resident room #4 on 1/24/11 at 11:15 AM, a metal lighting fixture located above the base board and next to a resident's bed was not secured, was protruding from the wall, and had metal edges exposed. Per interview on 1/24/11 at 11:50 AM, the Assistant Director of Nursing (ADNS) confirmed the metal lighting fixture in resident room # 4 located above	F 465		

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F 465	Continued From page 7 the baseboard and next to the resident's bed was not secured, was protruding from the wall, and had metal edges exposed. 2. Per observation of resident room #13 on 1/24/11 at 11:15 AM, the bathroom heating vent was not covered and the heating fins were exposed to contact. Per interview on 1/24/11 at 11:50 AM, the ADNS confirmed the bathroom heating vent in resident room #13 was not covered and the heating fins were exposed to contact.	F 465	<p>Corrective Action F465</p> <p>Corrective Action: Residents of rooms 4 and 13 were evaluated and no negative outcome resulted from this alleged deficient practice.</p> <p>Lighting fixture in room 4 and heater in room 13 alleged to be defective were checked in repaired by 1/26/11.</p> <p>At Risk: All room lighting fixtures and heaters can potentially be affected.</p> <p>What measures have been put in place to prevent this deficient practice: Maintenance staff to check all light fixtures and heaters and make any necessary repairs by Feb 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>F465 PDC Accepted 2/23/11 R.Tremblay RN / Pmcoturn</p>		

Wesley 2.17.11