

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

August 23, 2016

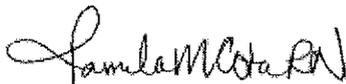
Ms. Kim Campbell, Administrator
Bennington Health & Rehab
2 Blackberry Lane
Bennington, VT 05201-2300

Dear Ms. Campbell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 18, 2016**. 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,



Pamela M. Cota, RN
Licensing Chief

AUG 17 2016

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

PRINTED: 08/09/2016
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 07/18/2016
NAME OF PROVIDER OR SUPPLIER BENNINGTON HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 2 BLACKBERRY LANE 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)

<p>F 000 INITIAL COMMENTS</p> <p>An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 7/18/16. The following are regulatory findings were identified, unrelated to the complaint.</p> <p>F 281 483.20(k)(3)(i) SERVICES PROVIDED MEET SS=D PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interview, the facility failed to ensure the facility met professional standards of quality regarding following physician orders and medication administration for 1 of 3 applicable residents in the sample. (Resident #1) Findings include:</p> <p>1. For Resident #1 who has a diagnosis of dysphasia and edema, physician orders were not implemented as written and staff failed to follow professional standards for nursing practice related to medications. The physician order dated 07/11/16 states "notify MD for weight gain greater than 2 lbs in one day or 5 lbs in one week". Per review of the MAR and e-chart the weights were as follows: July 12th -138.5lbs; 13th-139lbs; 14th -140lbs; 15th-142.5lbs; 16th-144lbs; 17th-144lbs; 18th-144lbs. There was a greater than 2 lb weight gain in one day from the 14th to the 15th, as well as greater than 5lb weight gain in one week, from the 12th through 17th.</p>	<p>F 000</p> <p>The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.</p> <p>F-281</p> <p>The MD has been updated re: Resident #1. Other Residents have the potential to be affected.</p> <p>An audit was conducted relating to Notification of MD and time of Med Administration of Prilosec. Licensed Nursing Staff education to occur regarding following Physician orders and medication Administration.</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Ann Campbell* TITLE Administrator (X6) DATE 8/15/2016

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 281	<p>Continued From page 1</p> <p>In addition, Prilosec 20 MG (to treat ulcers and gastric reflux) was given with morning medications after breakfast. As part of the interventions and teaching points in the Nursing Drug Book states "give prior to meals, should be taken on an empty stomach; best if before breakfast". Per interview on 07/18/16 the day nurse at 12:10 PM stated "I gave [all the] pills around 9-ish" and acknowledged Prilosec was not given on an empty stomach nor prior to breakfast.</p> <p>The DNS confirmed the above findings regarding following physician orders and medication interventions on 07/18/16 at 5:01 PM.</p> <p>References: Lippincott Manual of Nursing Practice (9th edition) Wolters Kluwer Health/Lippincott Williams & Wilkins; Nursing Drug Book (11th edition); Drug Information Handbook for Nursing, Lexi-Comp's (8th edition)</p>	F 281	<p>Will conduct weekly audits x3 to ensure compliance and then monthly x3 with results to be reviewed at QA meeting for further review and recommendations.</p> <p><i>FDA POC accepted 8/19/16 5:00pm PML</i></p>	8/21/16
F 282 SS=D	<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: The facility failed to provide services according to the plan of care for 1 of 3 residents in the sample. (Resident #1) Findings include:</p> <p>1. Resident #1 has a diagnosis of restless leg</p>	F 282	<p>F282</p> <p>MO was updated regarding Resident #1 and Medication regime was changed.</p> <p>Other residents have the potential to be affected by the alleged deficient practice.</p> <p>An audit of pain assessments has been conducted.</p>	

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F 282	Continued From page 2 syndrome, neuropathy and back spasms. The resident experienced ineffective pain control for greater than 6 hours, however, the physician was not notified. The current care plan dated 07/11/16 for alterations in comfort, directs staff to monitor pain every shift, monitor for non-verbal signs/symptoms of pain, medicate resident as ordered for pain and monitor for effectiveness, monitor for side effects, and report to physician as indicated. Per review of the medication administration record (MAR) and nursing progress note on 07/16/16, at 1:30 AM the resident was medicated with Tylenol 650 mg for complaints of bilateral upper arm pain. Per the the note at 5:18 AM states "frequent complaints of upper arm pain, crying out at times..fair effect....states pain is a sharp pain". A second dose of Tylenol was administered at that time, per the the physician order for Tylenol 650 mg every 4 hours as needed for pain. The nurse documented at 6:38 AM that the administration was ineffective. A third dose was administered shortly there after with the effectiveness as "unknown". Per interview at 5:01 PM the DNS acknowledged that the expectation would be to notify the physician when pain medication is ineffective. Nursing staff failed report to the physician as care planned.	F 282	Licensed Nursing staff will be educated on Physician notification. DNS or designee will conduct weekly audits x3 to ensure compliance and then monthly x3 with results to be reviewed at QA meeting for further review and recommendations. FAB's POC accepted 8/19/16 <i>Sammons RL/pml</i>	8/31/16