

Division of Licensing and Protection  
103 South Main Street  
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 22, 2015

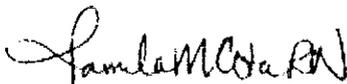
Mr. Randy Crowder, Administrator  
Bennington Health & Rehab  
2 Blackberry Lane  
Bennington, VT 05201-2300

Dear Mr. Crowder:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 9, 2015**. 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



**CENTERS FOR MEDICARE & MEDICAID SERVICES**

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  R 12/09/2015
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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}	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced follow-up survey was conducted by the Division of Licensing and Protection on 12/09/2015. While the facility was found to be back in substantial compliance, the following represents an issue that requires correction.</p> <p><b>{F 431} SS#B 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS &amp; BIOLOGICALS</b></p> <p>The facility must employ or obtain the services of 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</p>	{F 000}	<p>F431 483.60(b), (d), (e)</p> <ol style="list-style-type: none"> <li>1. No residents were negatively affected as a result of the alleged deficient practice.</li> <li>2. Residents receiving insulin in the facility have the potential to be affected by the alleged deficient practice.</li> <li>3. The identified medications were disposed of.</li> <li>4. Staff were re-education regarding requirements of labeling and storing medications</li> <li>5. Weekly audits will be conducted by the DNS or designee to monitor the effectiveness of the plan</li> <li>6. Results of the audits will be reported at the QAA committee x3 months at which time the QAA committee will determine further frequency of the audits</li> <li>7. Corrective action will be completed by 12/23/2015</li> </ol> <p>F431 POC accepted 12/23/15 B. Bostell, RN/Title</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE DNS	(X6) DATE 12/22/15
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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.

**CENTERS FOR MEDICARE & MEDICAID SERVICES**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475027</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/09/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BENNINGTON HEALTH &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 BLACKBERRY LANE BENNINGTON, VT 05201</b>
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{F 431}	<p>Continued From page 1</p> <p>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 interviews, the facility failed to ensure that medications used in the facility were labeled in accordance with currently accepted professional principles in two of the four medication carts located in the facility. Findings include:</p> <ol style="list-style-type: none"> <li>Per observation on 12/9/15 at 12:33 PM in the top drawer of medication cart #1 located on the second floor a 100 unit/ml Lantus Solostar insulin pen was without a date to indicate when it had been opened. Per interview on 12/9/15 at 12:33 PM with a Registered Nurse he/she confirmed that there was no date opened on the insulin pen's label. He/she stated that the facility's policy is to discard unlabeled insulin pens. He/she proceeded to throw away the unlabeled insulin pen during the interview.</li> <li>Per observation on 12/9/15 at 12:55 PM in the top drawer of medication cart #1 located on the third floor a 100 unit/ml Lantus Solostar insulin pen was without a date to indicate when it had been opened. Per interview on 12/9/15 at 12:55 PM with a Licensed Practical Nurse he/she confirmed that there was no date opened on the insulin pen's label. He/she stated he/she will discard the insulin pen per facility policy.</li> </ol>	{F 431}		
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