



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection

103 South Main Street, Ladd Hall
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

January 31, 2012

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

Provider #: 475027

Dear Ms. Beatty:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **December 12, 2011**. Please post this document in a prominent place in your facility.

We will 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, MS
Licensing Chief

PC:ne

Enclosure



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

PRINTED: 01/13/2012
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 _____	(X3) DATE SURVEY COMPLETED 12/12/2011
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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
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K 000	INITIAL COMMENTS An unannounced on-site Life Safety Code inspection was completed by the Department of Public Safety on 12/12/11. The following are violations of Life Safety Code requirements.	K 000	See attached Plan of Correction (POC)	
K 050 SS=D	NFWA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2	K 050		
K 067 SS=D	This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure fire drills are held at unexpected times under varying conditions on each shift. Findings include: Per observation on 12/12/11, accompanied by the Maintenance Supervisor, the fire drills on the 3rd shift (11 PM to 7 AM) are all being held between 5:30 AM and 6:30 AM, not including unexpected times under varying conditions. NFWA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFWA 90A, 19.5.2.2	K 067		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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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K 067	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure heating units comply with 9.2 and shall be installed in accordance with the manufacturer's specifications in one area of the facility. Findings include: Per observation on 12/12/11, accompanied by the Maintenance Supervisor, the fusible links on the fire dampers in the duct system must be inspected and replaced as required (every 5 years).	K 067		
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation, the facility failed to adhere to all applicable NFPA standards. Findings include: Per observation on 12/12/11, accompanied by the Maintenance Supervisor, unsupported oxygen tanks were found in the 3rd floor oxygen storage area. According to NFPA 99 Section 9.7.2.3(c-i) oxygen cylinders shall be supported by a proper cylinder cart, stand or be supported by a chain.	K 130		

Bennington Health and Rehabilitation

Two Blackberry Lane

Bennington Vt. 05201

January 18, 2012

Pamela Cota, RN, Licensing Chief

Vermont: Agency Of Human Services

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury Vt. 05671-2306

Plan of Correction (POC) /Life Safety Code Survey 12/12/11

K050 NFPA 101 Fire drills held at unexpected time under varying conditions.

Corrective Action: Starting the first quarter 2012, Fire Drills on the 3rd shift will be conducted earlier during shift, at times not utilized in the past. A code announcement process will be used, as to not wake residents. Then we will change times throughout the year.

Who is affected: All residents are affected by this deficient practice.

Systemic changes: Fire Drill Evaluations with time stated will be reviewed at our Safety Meetings to insure times are being varied.

How it will be monitored: Drills will be reported to the (QAA) Quality Assessment Assurance Program.

Completion date: This corrective action will be completed Feb. 29, 2012 by conducting our February fire drill at an earlier time during 3rd shift. This will be proven throughout the year with the assessments stated above.

Who is responsible for monitoring: Maintenance supervisor or designee.

K050 POC accepted 1/24/12 FC1066/Amesteen

K 067 NFPA 101 Heating and Ventilating compliance.

Corrective Action: Heating and Ventilation Fire Dampers will be inspected and tested by Qualified Company. Fusible links will be changed and any other maintenance required to meet NFPA101 & 90A.

Who is affected: All residents are affected by this deficient practice.

Systemic Changes & how it will be monitored: Heating & Ventilation Damper maintenance procedure will be added to the Preventive Maintenance Program and reviewed by the Director of Environmental Services or designee.

Completion Date: Corrective action will be completed 7/30/2012. This time is necessary to obtain a qualified company, the monies and scheduling of the maintenance. After the initial maintenance by qualified company this process will be completed as preventive maintenance, by the staff of Bennington Health and Rehabilitation.

Responsible for monitoring: Maintenance supervisor or designee.

K067 POC accepted 1/24/12 F Ciuffi / Pincotaren

K 130 NFPA 101 Unsupported Oxygen Tanks

Corrective Action & Systemic changes: An employee sign off and time log, that oxygen tanks are secured has been add to the O2 accounting log. This will be useful to track and retrain employees not securing tanks. In-services will be conducted on sign off log and reporting of tanks found not secured. This will also include segregation of full and empty tanks.

Who is affected: All residents are affected by this deficient practice.

How will it be monitored: This will be monitored by each individual replacing Oxygen Tanks, reporting deficiencies to Charge Nurse, retraining at time of deficiency and reviewed at Safety Meetings.

Completion date: Corrective action of securing tanks will be completed Feb.1, 2012. Tanks were secured day of survey Dec.12, 2011. New log will be completed Jan.20, 2012. In-services will be completed Feb.1, 2012.

Responsible for monitoring: Maintenance supervisor or designee.

K130 POC accepted 1/24/12 F Ciuffi / Pincotaren

R.J. Vosburgh

Director of Environmental Services