



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) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

July 1, 2011

Mr. Bruce Bodemer, Administrator
Centers For Living And Rehab
160 Hospital Drive
Bennington, VT 05201

Dear Mr. Bodemer:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **June 1, 2011**. 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,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

PC:jl



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

RECEIVED
Division of

PRINTED: 06/10/2011
FORM APPROVED
OMB NO. 0938-0391

JUN 7 11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ Licensing and Protection	(X3) DATE SURVEY COMPLETED C 06/01/2011
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NAME OF PROVIDER OR SUPPLIER CENTERS FOR LIVING AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 160 HOSPITAL DRIVE BENNINGTON, VT 05201
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F 000	INITIAL COMMENTS	F 000		
F 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p>	F 157	<p>F157 - Resident #1 and Resident #2 families have been notified of the change in treatment.</p> <p>Residents who currently reside in the facility and have had restorative services discontinued will have responsible party notification, if they were not notified of the change in treatment. Current resident charts will be audited to ensure notifications were made for present resident population.</p> <p>Effective immediately residents or responsible parties will be notified as changes are required. Staff will be given inservice training to reinforce this plan.</p> <p>If, and when, a new restorative program is developed, family notification will occur prior to and at the end of the resident's treatment.</p>	<p>6/16/11</p> <p>7/1/11</p> <p>7/1/11</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Grace Badmer* TITLE: *Interim Administrator* (X6) DATE: *6/20/11*

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 157	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the facility failed to inform family members of a discontinuation of treatment for 2 of 11 Residents in the sample (Residents #1 and #2). Findings include: 1. Per record review on 6/1/11, the facility failed to immediately inform Resident #1's family when the resident's restorative care plan to treat contractures was suspended for an indefinite period of time on 1/27/11. The family was not apprised of the changes until they inquired about care issues on 3/2/11. The lack of notice to the family was confirmed during interviews with the Administrator at 10:15 AM and the Unit Manager at 12:55 PM on 6/1/11. 2. Per record review on 6/1/11, the facility did not notify Resident #2's family when his/her restorative nursing program was discontinued on 2/1/11. This was confirmed by the Unit Manager (UM) during a 1:58 PM interview on 6/1/11.	F 157	Restorative nursing policy will be changed to include family notification. A weekly audit of family notification will be performed by clinical system specialist. Any failures in family notification identified in the audit will be referred to the unit nurse manager for immediate notification. Audit results will be copied weekly to DNS. (Exhibit "A") DNS will report audit results at CLR Safety-Quality Committee. After 6 months of 100% compliance, audit results will be reported quarterly for next 2 quarters. <i>F157 POC Accepted 6/30/11 M. Bottomley / M. Bottomley</i>	7/1/11 7/1/11 7/1/11
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. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the	F 282	F282 - Resident #1 care plan has been updated. Care plans for current resident population will be reviewed and updated. A weekly audit will be performed by nurse managers to ensure documentation and follow through of care plans. (Exhibit "B")	6/3/11 7/1/11 7/1/11

[Signature]
6/20/11

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F 282	Continued From page 2 facility failed to assure that care was provided in accordance with the plan of care for 1 applicable resident in the survey. (Resident #1) Findings include: Per review of the medical record and LNA documentation on 6/1/11, Resident #1's care plan dated 5/3/11 stated to provide Restorative Passive Range of Motion (PROM) to upper and lower extremities AM & PM. Based on written communication with the responsible family member on 5/31/11, the Director of Nurses had stated that, after a lapse in providing 15 minutes of the PROM exercises twice daily for the resident, that the exercises would resume for the specified time of 15 minutes twice each day starting in March, 2011. Per review of the Licensed Nursing Assistant (LNA) documentation of PROM exercises during May, 2011, they were not being provided for the full 15 minutes twice daily as stated by the DNS. There were several days when the 15 minutes was provided and there were several days when the time was documented as 5 minutes or 10 minutes. Based on interview on 6/1/11 at 12:00 PM, the LNA providing care stated that she usually spends about 5 minutes providing the PROM exercises during the AM shift. During interview at 11 AM on 6/1/11, the Registered Nurse (RN) who oversees the Restorative Program verified that the resident was currently on a PROM program, but only with daily care, not necessarily for 15 minutes twice daily as requested by the family.	F 282	Results will be reported monthly to DNS who will report monthly to CLR Safety-Quality committee. Following 6 months of 100% compliance, reporting will occur quarterly for 2 quarters. <i>F282 POC Accepted 6/30/11 M. Bolton RN / J. McArthur RN</i>	7/1/11
F 363 SS=D	483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended	F 363	F363 - Care plan for nutritional needs for current resident population will be reviewed and updated. A registered dietitian has reviewed and approved the diets of those residents identified as requiring small portions.	7/1/11 6/15/11

Quinn Badamer
6/20/11

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F 363	Continued From page 3 dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, for 1 applicable resident in the sample, the facility failed to assure that all menu types offered to residents were approved by the Registered Dietician (RD) to assure that the nutritional needs of residents were met and followed in accordance with the recommended allowances of the Food and Nutrition Board of the National Research Council. (Resident #1) Findings include: Per record review and confirmed by observation of the noon meal on 6/1/11, Resident #1 receives 1/2 portions per review of the meal ticket on the tray and the servings of chicken casserole, broccoli and glass of apple juice served to the resident. When asked for a copy of the policy/procedure for the 1/2 portion meals served at the facility, the Food Service Manager stated at that there was no policy/procedure. She verified that there were no written instructions, approved by and/or reviewed by the RD for staff to utilize regarding actual minimum portion sizes for the various food groups served each day (i.e. protein, carbohydrates and fats).	F 363	Electronic Charting System meal tickets have been changed to align with the care plan. A policy was developed to address a request from residents and/or responsible party who wish to receive small portions. (Exhibit "C") Small portion-size reference table has been updated and placed in the 3 service kitchen production manuals, as well as, in the Dietary Manager office. (Exhibit "D") Nutrition services staff, CLR serving staff (nursing and activities) have been educated to Small Portion Request policy. <i>F363 PDC Accepted 6/30/11 M. Bolton RN / Amcota RN</i>	6/15/11 7/1/11 6/15/11 7/1/11	

James Bodemer
6/20/11

CENTERS FOR LIVING AND REHABILITATION

EXHIBIT "A"
BENNINGTON, VT

QUALITY MONITORING TOOL

TOPIC: Family / Responsible Party Notification

OBJECTIVE(S): To audit notification of family / responsible party.

UNIT: _____

DATE: ____/____/____

OF RESIDENT CHARTS AUDITED THIS WEEK: _____

AUDITOR: _____

CRITERIA:	MET	NOT MET	# OF OPPORTUNITIES
Was the resident family and/or responsible party notified:			
1. of involvement in accident or incident resulting in injury, including those of an unknown source?			
2. of a significant change in resident's physical, mental or psychosocial status?			
3. of a need to alter the resident's treatment significantly?			
4. at the onset of treatment?			
5. at discontinuation of treatment?			
6. of repeated refusals of treatment or medication?			
7. of need to alter the resident's room assignment?			
8. of decision to discharge resident from facility?			
9. of necessity to transfer resident to a hospital?			
For any charts not meeting criteria – the IMMEDIATE corrective action taken:			

QUALITY MONITORING TOOL

TOPIC: Passive Range of Motion documentation

OBJECTIVE(S): To monitor that Passive Range of Motion is documented and completed as stated in resident care plan.

UNIT: _____

DATE: ____ / ____ / ____

OF RESIDENT CHARTS AUDITED THIS WEEK: _____

AUDITOR: _____

CRITERIA:	MET	NOT MET	# OF OPPORTUNITIES
1. Was resident Passive Range of Motion documented and followed as stated in resident's care plan?			
For any charts not meeting criteria – the IMMEDIATE corrective action taken:			

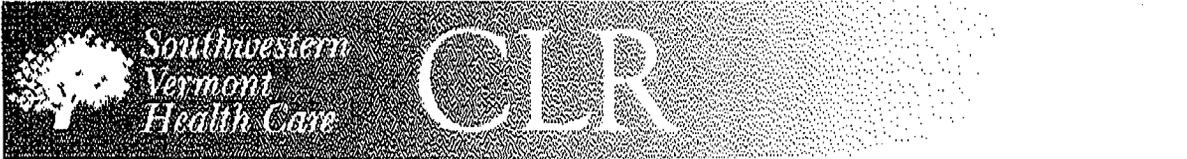
Small Portions Request

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Exhibit "C"

[Policies Home](#) [Main Intranet Page](#)

100 Hospital Drive Bennington VT 05201



POLICY • PROCEDURES • GUIDELINES

Small Portions Request

Pertains to: Nutrition Services
 Effective Date: 07/01/2011
 Revised Date:
 Review Date:

1. POLICY:

Requests from residents, or resident responsible party, for smaller portions at meal times will be evaluated by nutrition clinical staff and educated about their nutritional needs and how to ensure an adequate intake.

2. SCOPE:

Nutrition, Nursing, Activities staffs

3. PROCEDURE:

1. Identification:

1. Nursing staff will notify nutrition services when a resident and/or responsible party is requesting small portions by entering a dietary consult request through ECS (electronic charting system).
2. Resident and/or responsible party will be seen by nutrition clinical staff to determine:
 1. which foods they wish to decrease the portions of;
 2. the reason(s) for the request; and,
 3. the adequacy of the diet after the request is made.
3. The resident and/or responsible party will be educated by nutrition clinical staff about recommendations to improve adequacy of diet when given small portions.
4. Residents receiving small portions will be offered a nutritionally adequate snack or supplement between meals based on the recommendations of nutrition clinical staff
5. Nursing staff will notify M.D. of resident/responsible party request and obtain an order for small portions.
6. Nursing staff will update resident care plan noting small portion order.

2. Systemic Change:

1. Only residents who have a documented request for a small portion will be given smaller portions on a regular basis
2. Nutrition service staff will note on the ECS meal ticket for each meal for that resident that small portions have been requested by resident and/or responsible party.

3. Small Portions:

1. Refer to the portion-size table in the CLR Service Kitchen Production Book,

Small Portions Request

Page 2 of 2

located in the 3 CLR service kitchens and the Nutrition Service Manager office.

Author: Sharon Cotterell, RD

Approved by: Penny Brusco, RN, BSN

Date Approved: 6/22/11

Reviewed by: Susan Gaudreau, RN, DNS, Rose Wangler, Dietary Manager

Computer Operator: sln

Report an Error or Comment
on this page

Exhibit "D"

GUIDELINES FOR SERVING PORTIONS

FOOD	SMALL SERVING	REGULAR SERVING
Meat	2-3 ounces edible portion	3-4 ounces edible portion
Egg	1 each or ¼ cup	2 each or ½ cup
Sandwich	½	1 whole
Sandwich filling	2-3 ounces	3-4 ounces
Casserole or Stew	4 ounces	6 ounces
*Milk	8 ounces	8 ounces
Soup	4 ounces	6 ounces
Starches	1/3 cup or 2-3 ounces	4 ounces or ½ cup
Vegetable	1/3 cup or 2-3 ounces	4 ounces or ½ cup
*Fruit	½ cup or 1 piece	½ cup or 1 piece
Cereal, cooked	4 ounces	6 ounces
*Cold Cereal	1 each	1 each
*Juice	4 ounces	4 ounces
*Sauces/gravies	2 ounces	2 ounces

*These items will not be adjusted for small servings.

The average daily calories provided at CLR for a REGULAR SERVING is 1800 kcal/day and an average of 75g protein/day.

A "small serving" is 25% less than the "regular serving" offered at each meal.

Avg. kcal per meal REGULAR SERVING: 600 KCAL

Avg. kcal per meal SMALL SERVING: 450 KCAL (25% DECREASE FROM 600KCAL)

Avg. protein provided from REGULAR SERVING: 25Grams

Avg. protein provided from SMALL SERVING: 19 Grams

Residents who request small servings will meet their daily needs by being offered nutritionally adequate snacks or oral supplements which will provide an average daily minimum of 450kcal/day and 13g additional protein. This ensures that residents who choose small servings will meet their nutrition needs.

Suggested snacks and oral supplements:

Ensure clinical strength

Ensure muscle health

Enlive clear liquid supplement

Cottage cheese (1/2 cup)

Peanut butter (1.5 ounces)

Crackers (6 crackers)

Cubed cheese (2 ounces)

½ sandwich (tuna salad, egg salad, chicken salad)

Custard (4 ounces)

Pudding (4 ounces)

Magic cups (4 ounces)

Carnation instant breakfast

Yogurt

Milk