

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

September 27, 2013

Mr. Alan Blier, Administrator
Centers For Living And Rehab
160 Hospital Drive
Bennington, VT 05201

Dear Mr. Blier:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 3, 2013**. 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

PC:jl



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

PRINTED: 09/12/2013
RECEIVED FORM APPROVED
Division of OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	SEP 25 13 Licensing and Protection	(X3) DATE SURVEY COMPLETED C 09/03/2013
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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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(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	INITIAL COMMENTS	F 000		
F 225 SS=D	<p>An unannounced on-site complaint investigation for an entity self report was conducted on 9/3/2013 by the Division of Licensing and Protection. There were regulatory findings.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance</p>	F 225	<p><u>F225</u></p> <p>The DNS and nursing leadership team were immediately educated about the timeliness of event reporting when noted by surveyor 9/3/13.</p> <p>Mandatory in-services on resident dignity, abuse, neglect and exploitation will be completed by September 30, 2013 for all staff. Educational program presented by Nurse Educator and DNS. The in-services brought forth to the entire CLR team include how we ensure we are treating our residents with dignity and respect at all times. Within the presentation we discuss that all of us are mandated reporters and have an obligation to do so. The time frames of reporting are also presented.</p> <p>Education to all staff will be 100% and monitored by the Nurse Educator and DNS. Any staff member not completing the education by 9/30/13 will be reported to the DNS by Nurse Educator for follow up to complete education.</p> <p>F225 POC accepted 9/26/13 BEYACIKIAN/PMC</p>	9/30/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Alan Blue NHA</i>	TITLE <i>Administrator</i>	(X6) DATE <i>09/23/13</i>
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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 225	Continued From page 1 with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to immediately report an incident of mistreatment by staff towards a resident to the State survey agency for 1 of 1 residents. (Resident #1) Per review of facility records, on 7/17/13 a staff member took a picture of Resident #1 while on the commode and posted the picture on a social media web site. The incident was made known to the Director of Nursing and the Administrator on 7/19/2013. The facility failed to make a complete report of the incident to the Division of Licensing and Protection until 7/24/2013. This was confirmed by the Director of Nursing and the Administrator during an interview on 9/3/13 At 11:30 AM.	F 225			
F 250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by:	F 250	F 250 Nursing leadership team and social service team will attend mandatory in-service by September 30, 2013 to learn new process of ensuring a social service consult is obtained to ensure the highest practicable physical, mental and psychosocial well being is met of each resident following an incident. After notification of non-compliance a formal social service assessment has been completed of the resident to ensure the resident is at the highest functioning level of psychosocial well-being. Once the unintended incident was identified as not meeting regulatory requirement or potentiating harm the staff members were in-serviced to		

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F 250	Continued From page 2 Based on interview and record review of the victim's medical record, the facility failed to provide medically-related social services to maintain the highest practicable mental and psychosocial well-being for 1 of 1 Residents. (Resident #1) Per review of facility records, on 7/17/13 a staff member took a picture of Resident #1 while on the commode and posted the picture on a social media website. Per record review for Resident #1, the progress note last written from social services was a quarterly note dated 7/2/2013 and was for a quarterly review. Examination of the record did not provide a nurse note or physician note to indicate the resident was assessed for change in mood or behavior or any other psychosocial harm after the 7/17/13 incident. Last nurse progress note was written on 5/6/2013 and there was no further note to indicate nursing assessment of incident. Per interview at 3:30PM the Director of Nursing verified that there was no documentation to support that the resident had been assessed for psychosocial needs related to his/her picture being posted on a social media website. The Director of Nursing further confirmed that the facility did not notify social services regarding the incident.	F 250	immediately act upon the incident they are seeing. All staff have been in-serviced to notify the nursing supervisor, manager, DNS, NHA of who will make an immediate assessment of the situation and the resident. Once the resident is assessed and evaluation of the situation is complete, nursing documentation of psychosocial assessment and well-being will be documented into ECS, our electronic charting system. Nursing will then enter an order into the nursing consult folder to social services which triggers an instant message to social services indicating a need for further psychosocial assessment and follow-up. To monitor this process the DNS will run a monthly report out of ECS with details of those residents triggered for a social service assessment related to an unintended incident. The DNS and/or designated auditor will ensure that assessment has been done evaluating the documentation. Those results will be reported out monthly at CLR's quality meeting. Audits will be conducted to achieve 100% for a time period of six months starting 10/1/13.	9/30/13	

AB 9/23/13

FASO POC accepted 9/26/13 BBORKEIRN/PML