

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 02/27/2024
NAME OF PROVIDER OR SUPPLIER Bennington Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2 Blackberry Lane Bennington, VT 05201	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40258</p> <p>Based on interviews, and record reviews the facility failed to ensure that 1 of 3 residents in the sample (Resident #1) received necessary treatment and services consistent with professional standards of practice to prevent infection and a new wound from developing. As a result, Resident #1 developed a toe wound and osteomyelitis (infection of bone) which led to a partial amputation of the toe. Findings include:</p> <p>Per record review Resident #1 was admitted to the facility on [DATE] with a diagnosis of type 2 diabetes. An Admission Nursing Progress Note dated 9/1/2023 reflects that Resident #1 had no wounds on admission.</p> <p>Review of Resident#1's care plan initiated on 9/18/2023 reveals that the resident is at risk for skin breakdown. The care plan also identifies a diagnosis of diabetes and reflects an intervention of diabetic foot check daily. Observe feet/toes/ankles/soles/heels noting alteration in skin integrity, color, temperature, and cleanliness. Toenails for shape, length, and color. Inspect shoes for proper fit. There is no documented evidence in the medical record that the care planned diabetic foot checks were completed.</p> <p>A Nursing Progress Note written on 2/9/2024 indicates that Resident #1 reported pain in their left great toe at a 9 of 10 level (using a pain scale of 0-10, 10 being the worst pain). The resident received a dose of as needed Tylenol however, there is no documented evidence that the nurse further investigated or assessed the resident's toe to identify what was causing the 9 of 10 pain.</p> <p>During an interview on 2/27/24 at 1:14 PM, Resident #1's family member reported that on 2/17/2023 another family member was visiting when Resident #1 complained of pain in their left foot. When the family member removed Resident #1's sock they discovered a wound that was black in color and covered the top of the resident's great toe. The family member then reported the wound to the nursing staff.</p> <p>A Nurse Progress note dated 2/17/24 indicates that Resident #1's family member contacted the facility and demanded that Resident #1 be sent to the hospital due to multiple skin issues and the inability to care for the resident appropriately. The nurse then went to check on Resident #1 and noted a scab like formation over the toenail, brownish color, no redness, no swelling, not open, no drainage. The resident was sent to the emergency department via rescue squad at 4:30 PM.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An Emergency Department Report written on 2/17/24 reveals a 1 cm (centimeter) area on left great toe which has an ulcer and some necrotic changes, dry appearing, there is no significant breakdown, no probing to bone or deep involvement visible. Resident #1 was admitted to the hospital with cellulitis and osteomyelitis. A hospital physicians Progress Note written 2/22/24 reveals a problem list that includes Osteomyelitis distal phalanx left great toe, type 2 diabetes, and peripheral neuropathy. The physician's physical examination states Extremities: Left great toe with black eschar at the tip. There are small black dots on the toenails of the second and third toe on the left . The resident subsequently underwent amputation of the left toe on February 23, 2024.</p> <p>During an interview on 2/21/2024 at approximately 11:45 AM the Director of Nursing (DON) confirmed that there is no documented evidence on 2/9/2024 that the nurse who provided Resident #1 with Tylenol for 9 on 10 pain had assessed the resident's toe to determine the cause of the pain. The DON also confirmed that that there was no documented evidence that diabetic foot checks were being completed per care plan.</p> <p>The American Diabetes Association Standards of Care in Diabetes-2024 reveals on page S237-243 the recommendation for diabetics to perform daily examination of the feet to identify early foot problems.</p>		