

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 07/05/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40258</p> <p>Based on interview and record review the facility failed to monitor weights and verify potential significant weight loss and gains as needed for 5 of 6 residents sampled (Residents #2, #3, #4, #5, and #6). Findings include:</p> <ol style="list-style-type: none"> Per record review Resident #2 has a Physicians order for monthly weights. Review of the Resident's Weight Summary revealed significant weight changes of 12.60% weight loss over one month and 10.82% over six months. <p>On 1/3/24 the Resident's weight was documented as 245 lbs. one month later, on 2/3/24 the weight was documented as 256.0 lbs., an 11 lb. weight gain. There is no evidence that the resident was reweighed.</p> <p>On 5/15/24 the Resident's weight was documented as 250 lbs., on 6/3/24 the weight was documented as 218.5 lbs., a 31.5 lb. weight loss. There is no documentation that reweighs were obtained.</p> <ol style="list-style-type: none"> Per record review Resident #3 had documented significant weight loss of 6.72% over one month and 10.39% loss over six months. Review of the Resident's Weight Summary reveals that on 1/16/24 the Resident weighed 139.5 lbs., on 5/15/24 the Resident weighed 134 lbs., and on 6/19/24 the Resident's weight was 125 lbs., a 9 lb. weight loss over one month and 14.5 lb. weight loss. There were no documented reweighs in the record. Per record review Resident #4 was admitted to the facility on [DATE]. Review of Resident #4's care plan reveals that they are at risk for unplanned weight changes with a goal of maintain weight within +/- 5 pounds [for] 90 days. <p>Review of Resident #4's weight record for 5/30/24- 6/28/24 reveals that daily weights were not obtained on 8 of the 30 days. Further review also revealed that Resident #4 had significant fluctuations in weight with no documented reweight.</p> <p>On 6/3/2024 the Resident's weight was documented as 408.5 Lbs. On 6/4/2024 the Resident's weight was documented as 368.4 Lbs., a 40.1 lb. discrepancy.</p> <p>On 6/9/24 their weight was documented as 372.0 Lbs., and on 6/10/2024 it was documented as 379.3 Lbs., a 7.3 lb. weight gain in one day. On 6/19/24 their weight was 370.2 lbs., and on and 6/21/2024 358.0 lbs. indicating a 22 lb. weight loss.</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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>There was no documentation that Resident #4 was reweighed on any of the following dates to rule out changes in clinical status or verify if it was an accurate weight.</p> <p>4. Per record review Resident #5 has a Physicians Order for monthly weights. Review of the Resident's Weight Summary reveals a significant weight gain over one month.</p> <p>On 6/3/24 the Resident's weight was documented as 302.7 lbs., and on 7/1/24 their weight was 319.4 lbs., indicating a 16.7 lb. weight increase which is a 5.52 % gain. There is no documented evidence that the Resident was reweighed to ensure accurate weights and rule out a clinical change in health status.</p> <p>5. Per record review Resident #6's weight record shows that Resident #6's monthly weights from 1/8/2024 - 6/18/2024 identified a gradual weight loss of 11 lbs. On 6/18/2024 Resident #6 was weighed using a mechanical lift, their weight was documented as 203.2 lbs.</p> <p>On 7/1/2024 Resident #6 was weighed using a mechanical lift and their weight was documented as 194.8 lbs. , an 8.4 lb. (4.13 %) weight loss in one month. There was no documented evidence that Resident #6 was reweighed to rule out a clinical change in condition or ensure the results were accurate.</p> <p>Per review of the facility procedure titled Weights and Heights</p> <p>Section 1. Obtaining and Documenting Weight:</p> <p>1.1.4 If the body weight is not as expected, re-weigh the patient.</p> <p>Section 1.2</p> <p>1.2.1 The Weights Exception Report will be reviewed by a licensed nurse with follow-up as indicated.</p> <p>Section 2. Significant Weight Change Management:</p> <p>2.1 Significant weight changes will be reviewed by the licensed nurse for assessment.</p> <p>2.1.1 Significant weight change is defined as:</p> <p>2.1.1.1 5% in one month</p> <p>2.1.1.2 10% in six months</p> <p>2.2 The licensed nurse will:</p> <p>2.2.1 Notify the physician/APP and Dietician of significant weight changes;</p> <p>2.2.2 Document notification of physician/APP and Dietician in the PCC [Point Click Care] Weight Change Progress Note.</p> <p>2.3 The licensed nurse will notify the:</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2.3.1 Physician/APP of the Dietician recommendation;</p> <p>2.3.2 Patient representative of the weight change and Dietician recommendations. Notification will be documented.</p> <p>Per interview with the Dietitian on 7/2/24 at 2:16 PM when a resident is weighed and there is a significant discrepancy from the previous documented weight, they should be reweighed to determine accuracy of the weight. The Physician and Dietitan should be notified if the weight discrepancy is found to be accurate. The Dietician confirmed that the facility policy was not consistently being followed.</p> <p>During an interview on 7/3/24 at 1:20 PM The Director of Nursing (DON) stated that if there was an identified discrepancy when weighing a resident staff should reweigh them to verify the change. The DON confirmed that the facility policy was not followed, and that documented reweighs were not available for review in the record.</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>40258</p> <p>Based on interview, and record review, the facility failed to ensure that pain management was consistent with professional standards of practice and the comprehensive person-centered care plan was followed for 1 of 3 residents in the sample (Resident #1) as evidenced by a lack of documentation for monitoring of the presence of pain and evaluating the effectiveness of regularly scheduled pain medication. Findings include:</p> <p>Per record review Resident #1 has diagnoses that include chronic pain syndrome, opioid dependence, opioid use disorder /substance abuse disorder (OUD/SUD), and arthritis. Per review of physician's orders Resident #1 has been receiving opioid medications for pain control since admission.</p> <p>A Physician's order dated 6/25/24 states Buprenorphine HCl Sublingual [under the tongue] Tablet Sublingual 8 MG (Buprenorphine HCl) Give 1 tablet sublingually every 12 hours for pain. Another Physician's order dated 6/26/24 states Buprenorphine HCl Sublingual [under the tongue] Tablet Sublingual 2 MG (Buprenorphine HCl) Give 3 tablet sublingually two times a day for pain for 28 Days . The resident was receiving the pain medication on a routine basis; however, the record does not reflect consistent pain monitoring or the resident's response to the administration of the pain medication.</p> <p>A care plan focus initiated on 8/2/2023 related to verbal and physical behaviors lists an intervention of Attempt non-pharmacologic interventions to alleviate pain and document effectiveness. Administer pain medication as ordered and document effectiveness/side effects. Another care plan focus states that Resident #1 exhibits or is at risk for alterations in comfort related to chronic pain and history of opiate dependency [and] chronic [right] shoulder pain. Listed interventions include Evaluate pain characteristics: quality, severity, location, precipitating/relieving factors, Utilize pain scale, Medicate [resident] as ordered for pain and monitor for effectiveness and monitor for side effects, report to physician as indicated.</p> <p>Review of Resident #1's documented Pain Level Summary for the months of April, May, and June 2024 revealed that a numeric pain rating was documented 3 of 30 days in April. There were 6 documented numeric pain ratings in May.</p> <p>Per facility policy titled NSG227 Pain Management,</p> <p>Section 2.1 When opioids are used, the lowest possible effective dosage should be prescribed for the shortest amount of time possible after considering all medical needs. the patient should be monitored for effectiveness and any adverse drug reactions.</p> <p>Section 5. states At a minimum of daily, patients will be evaluated for the presence of pain by making an inquiry of the patient or observing for signs of pain.</p> <p>Section 9. Patients receiving interventions for pain will be monitored for the effectiveness and/or side effects/adverse reactions (.) Document:</p> <p>9.3 Ineffectiveness of routine or PRN [as needed] medications including interventions, follow-up, and physician . notification;</p> <p>(continued on next page)</p>

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Per interview on 7/3/24 at 1:20 PM, the Director of Nursing confirmed that there was no regular pain monitoring or evaluation for effectiveness performed for Resident #1.</p>		

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<p>F 0741</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the facility has sufficient staff members who possess the competencies and skills to meet the behavioral health needs of residents.</p> <p>40258</p> <p>Based on observation, interviews, and record review the facility failed to ensure that staff was provided the necessary training and possessed the necessary competencies to care for residents with diagnoses of OUD (opioid use disorder), SUD (substance abuse disorder), and PTSD (post-traumatic stress disorder) for 1 of 7 sampled residents (Resident #1). Findings include:</p> <p>Per review of 3 Licensed Nursing Assistant's (LNA's) employee training files. 2 of the 3 LNAs had not received any training related to OUD or SUD. 1 of 3 LNAs files revealed no evidence of training related to PTSD and trauma informed care.</p> <p>Per review of 3 Staff Nurse employee files, 1 Registered Nurse (RN) file revealed no evidence of training related to SUD, OUD, PTSD, and trauma informed care.</p> <p>Per interview with the Registered Nurse assigned to Resident #1 on 7/3/24 at 8:35 AM S/he was recently hired on 7/3/24. The RN confirmed that S/he had not received resident specific training regarding SUD, OUD, PTSD, and trauma informed care since being hired. When asked if S/he knew of any residents on her/his assignment who had a diagnosis of SUD, OUD, or trauma, the RN stated that they did not know of any residents with those diagnoses.</p>		