

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 10/23/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>40258</p> <p>Based on interview and record review the facility failed to notify a Resident Representative of a change in condition related to a worsening wound, abnormal laboratory results, and transfer to the hospital. Findings include:</p> <p>Per interview on 10/23/2024 at 9:35 AM Resident #104's Representative stated that s/he had not been notified by the facility that Resident #104's wound had worsened. The Representative also stated that s/he had not been notified by the facility that the Resident's blood work was abnormal, and that the Resident had been transferred to the hospital.</p> <p>Per record review Resident #104 was admitted to the facility in September 2024 with a stage 2 pressure ulcer (partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an open/ruptured serum-filled blister) on his/her coccyx and venous stasis ulcers. A care plan focus for Advanced Directives states Inform resident/patient and/or healthcare decision maker of any change in status or care needs.</p> <p>A skin assessment was completed on 9/8/23 reveals a wound measuring:</p> <ol style="list-style-type: none"> 1. Area 0.4 cm² 2. Length 1.4 cm 3. Width 0.5 cm 4. Depth 0.2 cm 5. Undermining Not Applicable 6. Tunneling Not Applicable <p>On 9/18/23 the wound measured</p> <ol style="list-style-type: none"> 1. Area 1.9 cm² 2. Length 2.0 cm <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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. Width 1.3 cm</p> <p>4. Depth Not Applicable</p> <p>5. Undermining Not Applicable</p> <p>6. Tunneling 0.3 cm</p> <p>Review of the Nurse Practitioner progress note dated 9/17/2024 stated the wound had progressed to a stage 3 pressure ulcer (Full-thickness skin loss with damage to subcutaneous tissue extending down to (but not including) the underlying fascia (connective tissue)). There is no documented evidence that the Resident #104's Representative was notified of the worsening wound.</p> <p>Review of progress notes dated 9/24/23, Resident #104 was noted to be lethargic and seems different than usual. The Physician was notified and the nurse received orders for blood work. The Resident's Representative was notified of the Resident's condition and the order for blood work. Upon receiving the results of the blood work Resident #104 was sent to the Emergency department for treatment. Per the hospital Emergency Report the Resident had a markedly elevated sodium level. There is no documented evidence that the facility notified the Resident's Representative of the elevated sodium level, or the need to transfer the Resident to the hospital.</p> <p>During interview on 10/23/2024 at approximately 2:15 PM the Assistant Director of Nursing confirmed that there was no documented evidence that the Representative was notified of the worsening wound, the results of the blood work, or the transfer to the hospital.</p> <p>*https://learning.lww.com/files/BacktotheBasicsWoundAssessmentManagementandDocumentation-1662480009184.pdf</p>