STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475027	A. Building B. Wing	03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bennington Health & Rehab	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)
F 0658 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure that services being provided meet professional standards of quality for one of 3 sampled residents [Resident #1]. Resident #1 was receiving the medication Lithium Carbonate and physician orders for blood work were not completed as ordered and the physician was not notified of this or changes in the resident's condition. Additionally, the facility failed to act upon signs and symptoms of lithium toxicity while continuing to administer the medication, which eventually ended in the resident's death, and altered the resident's record to reflect compliance and notifications after they had been transferred out to the facility. This citation is at the immediate jeopardy level due to the lack of process for notification and consultation with the physician regarding lab work not completed as ordered and with significant changes in resident statuses putting all residents at risk for serious injury or death because of the noncompliance. Per record review, prior to their admission to the long-term care facility, Resident #1 was hospitalized with alteration in mental status- acute mania and psychotic break. At the end of their stay in the hospital, hospital notes dated [DATE] record Resident #1 is now taking [h/her] medication, has been in much better mood. [S/he] has been interacting much more with the staff, allowing personal care, showering, bed changes, etc. [S/he] has been up into the halls during the day in a wheelchair, going outside at times when the weather is good. Nursing Progress notes from the hospital dated [DATE] record the resident is acting with improved mood, patient is smiling and allowing care throughout shift. Patient resting comfortably.' Resident #1 was discharged from the hospital on [DATE] and transferred to the long-term care facility. Review of Resident #1's Nursing admission Assessment, dated [DATE], identified the resident as speaking clearly, alert, and oriented to person. During an interview with Resident #1's Unit Manager [UM] on [DATE] at 3:10 PM, the UM stated when Resident #1 came to the facility, [s/he] was quiet for a couple of days, afterwards [s/he] was very bubbly, [s/he] was funny, outgoing. While at the hospital, Resident #1 was receiving the medication Lithium for a diagnosis of Schizoaffective disorder [Schizoaffective disorder is a mental health condition that is marked by a mix of hallucinations and delusions, and symptoms such as depression and mania-an over-the-top level of activity or energy] [Lithium is a natural salt that reduces the symptoms of mania (high energy, racing thoughts, rapid speech). The medication has a narrow range of safety, so it doesn't take much to have too much lithium in your body. (continued on next page)

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

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 03/25/2025
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Lithium toxicity is a life-threatening condition that causes intestinal and neurological symptoms. It requires immediate medical care in a hospital. Lithium toxicity (overdose) happens when you have too much of the prescription medication lithium in your body. If you don't receive treatment for lithium toxicity, it can be fatal. Healthcare providers check lithium levels with a blood test.] (https://my.clevelandclinic.org/health/diseases/25207-lithium-toxicity) During their stay at the hospital, Resident #1 was receiving regular monthly blood work to check on their lithium levels. During their 7-month stay in the hospital, Resident #1's lithium level remained in therapeutic range all but one time, when the level was found to be high. It was immediately re-checked and found to be slightly below therapeutic range. The lithium levels were checked every month through [DATE], and the resident was discharged on [DATE] and transferred to the long-term care facility prior to a December lithium level being drawn. A Physician admission History & Physical was conducted at the long-term care facility on [DATE]. The Physician's Assessments/Plans records I do have some concerns that [s/he] may be overmedicated at this point .[s/he] may benefit from some titration of [h/her] mediations over a period of likely months . Records indicate [s/he] has not had some titration of [h/her] medications over the last several months, these could be considered for gradual dose reduction in the future. The Physician records the resident has managed currently on lithium [and 2 other medications]. We will check lithium levels for baseline. Review of Physician Orders dated [DATE] reveal an order for a lithium level to be obtained by a blood draw. Review of medication orders for Resident #1 reveals an order for Lithium Carbonate Oral Capsule 300 milligrams- give 2 capsules by mouth at bedtime. The start date for the medication order is the day of admission, [DATE]. Next to the medication on the Nursing Medication Administration Record [MAR] is a Black Box Warning. Per interview with Resident #1's Unit Manager [UM] on [DATE] at 11:40 AM, nursing should click on the box prior to administering the medication and read the warning in full. For lithium, the Black Box warning reads: Black Box Warning Details- Monitoring. Lithium toxicity is closely related to serum lithium levels and can occur at doses close to therapeutic levels facilities for prompt and accurate serum lithium determination should be available before initiating therapy. Per record review, Resident #1's medical record includes a Psychotropic Medication Administration Disclosure listing the risks and benefits of psychotropic medications the resident was prescribed. Under Lithium, the disclosure lists Of Special Concern: seizures, muscle reflex, stupor, coma. Toxic Levels of Lithium are close to therapeutic levels and require routine laboratory monitoring. Review of Resdient #1's Medication Administration Record and Treatment Administration Record [MAR/TAR] reveal the ordered lithium level blood draw signed off by nursing as 'completed' on [DATE] at 10:12 AM, one day after the Physician's order was entered. Of note, The MAR/TAR includes the notation no site of lab administration data found for lab administration record. Review of Resident #1's medical record includes a Nursing Progress note labeled Late Entry, with the entry marked as created on [DATE], with an effective date recorded as [DATE] [43 days earlier]. The [DATE] effective date is 2 days after the blood draw was signed off as completed and reads attempt x3 to obtain blood as ordered. Unable x3. MD notified, will attempt at later time. The note contains prompts to Show on Shift Report, Show on 24 hour Report, and Show on MD/Nursing Communications Report, with none of the prompts check marked to activate them. (continued on next page)

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F 0658 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Per interview on [DATE] at 4:01 PM, the facility's Director of Nursing Services [DNS] confirmed that there was no documentation on [DATE] that the lithium blood draw was unable to be completed as ordered despite the MAR recording the blood draw had been done. The DNS confirmed the note reporting that the blood draw being unsuccessful was dated 2 days after the attempts were made but was written 43 days later on [DATE]. The DNS further confirmed that there was no documentation available to confirm the Physician had been notified 2 days after the unsuccessful blood draw attempts as the Late Entry recorded. Per interview with the Unit Manager [UM] on [DATE] at 3:10 PM, the UM confirmed the note reporting the blood draw was unsuccessful was dated 2 days after the attempts were made but was written 43 days later on [DATE]. When asked why Resident #1's medical record was altered on [DATE], 43 days later, the Unit Manger stated because we knew it was going to be looked at [by the state regulatory agency]. Further review of Resident #1's Medication Administration Record [MAR] reveals the resident continued to receive the lithium on a daily basis despite no lab results available to determine if their levels were out of therapeutic range. An interview with the Assistant Director of Nursing Services [ADNS] on [DATE] at 11:51 AM revealed that in addition to the information about the drug contained in the Black Box Warning, Nursing can view if lab work for the medication has been ordered and completed, and what the results are. The ADNS confirmed there were no results available for any lithium levels for Resident #1. The ADNS reported that if labs were not completed as ordered on a Black Box medication, staff should contact the Physician or On-Call Provider for further orders, including an order to hold the medication until it can be determined if the medication level in the resident is at a safe and therapeutic level. The ADNS stated the risk of holding the medication is less than the risk of giving it if the levels were not in range. The ADNS confirmed there was no documentation regarding any Physician response to lithium levels not being obtained for Resident #1, and the resident continued to receive daily lithium doses. According to the National Library of Medicine: Lithium toxicity signs are obvious and can be identified and managed easily; however, ignoring it can be fatal. Indeed, in some cases, lithium toxicity can lead to coma, brain damage, or even death. During lithium treatment, the healthcare team including physicians and nurses should make sure serum levels are checked regularly to make sure of the treatment course. If any signs of early toxicity appear, the patient should stop the medication and seek medical counsel. (https://www.ncbi.nlm.nih.gov/books/NBK499992/) Review of Resident #1's medical record records dated 1/5, 1/6, & [DATE] record the resident displaying behaviors. Nursing notes on [DATE] record resident noted to be yelling out, difficult to understand what [s/he] is saying, agitated with care, swinging at Nurses' Aides during care. Behaviors continued on 1/8 and 1/9, with the resident threw [h/her] drink at this nurse, refused to allow nebulizer treatment to be administered, very agitated at this nurse. Nursing Notes dated [DATE] reveal Resident #1 was hallucinating and delusional and staff were unable to get resident to cooperate. On [DATE], Resident #1 was yelling out, (continued on next page)

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F 0658

Level of Harm - Immediate jeopardy to resident health or safety

Residents Affected - Few

screaming, hysterically laughing and screaming out again, inconsolable. Resident #1 was evaluated remotely by a physician via Tele-Medicine [face to face via computer and camera] on [DATE].

The Physician noted upon admission [Resident #1] could communicate [h/her] needs, slowly transitioned to manic behaviors. Today, [Resident #1] is found in bed tearful and then angry, pointing and unable to communicate [h/her] needs. Under Assessment/Recommendations, the Physician records will need lab results to review prior to recommendations: lithium.

A Change in Condition form was entered on [DATE] for altered mental status for Resident #1. Nursing observations record Resident is exhibiting signs of agitation with hallucinations and delusions.

According to the Pharmaceutical Journal: Lithium toxicity may occur in some patients despite a normal lithium level; therefore, recognizing the clinical features of toxicity is important. The central nervous system (CNS) is most affected by chronic toxicity, with an altered level of consciousness being the most common sign. Other CNS signs and symptoms include slurred speech, confusion . Signs of severe toxicity include increased disorientation and seizures, possibly leading to coma. Patients with long-term conditions, including diabetes and schizophrenia are at increased risk of developing lithium toxicity. [Per record review, Resident #1's diagnoses include both diabetes and schizophrenia.] If there are signs or symptoms of lithium toxicity, lithium should be withheld, and an urgent lithium level should be taken, with specialist advice sought. (https://pharmaceutical-journal.com/article/ld/lithium-monitoring-and-toxicity-management)

Nursing Progress notes dated [DATE], 3 days after the Telemedicine recommendation for lithium levels read unable to obtain blood draw for lithium level. Attempt x 3. A Nursing Progress note dated 4 days later is again labeled Late Entry with an effective date labeled [DATE], and created on [DATE] [27 days later]. The Late Entry note reads Dr. notified of difficulty obtaining lab draws. Per interview with the Assistant Director of Nursing Services [ADNS] on [DATE] the ADNS confirmed there was no documentation regarding any Physician response to lithium levels not being obtained for Resident #1, and the resident continued to receive daily lithium doses.

An interview was conducted with Resident #1's physician on [DATE] at 4:30 PM. The physician stated if nursing observed symptoms consistent with medication toxicity, the medication should be held with notification to the physician. The physician stated s/he had not heard any organized characterizations or evolution of symptoms from nursing regarding possible medication side effects. The physician further stated that it was h/her expectation that lab work would be completed as ordered and after the blood work was unable to be drawn the first time on [DATE], the physician should have been notified and Resident #1 should have been sent to an outpatient facility to have it done.

Per record review, 10 days later, on [DATE], a third attempt was made to obtain a lithium level. The sample obtained was determined to be too small to conduct the lithium test.

Per interview on [DATE] at 4:01 PM, the facility's Director of Nursing Services [DNS] stated that the facility had the option to send the resident to a nearby hospital to have the blood draw completed, but this was not done after any of the three attempts performed at the facility.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Review of Nursing Progress notes dated [DATE] record the resident is screaming out unrecognizable words, talks to self, hallucinations, delusions. On [DATE], the resident is assessed as semi- alert. On [DATE] the resident is refusing h/her continuous oxygen treatment. There is no documentation of the Physician being notified of the resident's hallucinations, delusions or semi-alert condition. An interview was conducted on [DATE] at 2:36 PM with Resident #1's nurse who was caring for the resident on [DATE]. The nurse stated I came in at 7:00 AM on [DATE], and my aides [Licensed Nurses' Aides] told me that [Resident #1] looked wrong. They were worried [s/he] was not themselves, not interacting, eyes were tracey[uncontrolled movements]. I had been off for 4 days, and it was a complete change in condition from when I last laid eyes on [h/her], their blood pressure was low, they weren't eating and drinking much. I called telehealth between 7:30 & 9:00 AM, telehealth said hold the psychotics [including lithium]. Then next shift nurse [the shift starting at 3:00 PM] called the provider and [Resident #1] was sent out to the hospital. On [DATE], at 10:51 AM, Nursing Progress notes record multiple medications being held due to the resident's altered mental status, lethargy. Per the National Library of Medicine regarding the levels of lithium toxicity: Severe intoxication: Coma, seizures, and hypotension [low blood pressure]. The Cleveland Clinic notes: If you have moderate to severe lithium toxicity, you'll likely get neurological symptoms. These include: Mental status changes that can range from mild confusion to delirium. Slurred speech (dysarthria). Uncontrolled eye movements (nystagmus). Seizures (severe cases). (https://my.clevelandclinic.org/health/diseases/25207-lithium-toxicity) A Change in Condition form was entered on [DATE] for Resident #1 five hours after medications were held. The Change in Condition form was for Altered mental status. Talks/communicates less. Tired, weak, confused or drowsy and Abnormal vital signs (low blood pressure). Nursing observations include Resident #1 in bed with eyes open, nystagmus noted both eyes. Resident looks when called but is unable to respond verbally. Unable to squeeze hands or apply pressure with feet when asked. Resident grimacing with what appears to be pain. Resident took one bite of dinner and vomited. The On-call Telemedicine Physician was contacted. Review of the Physician Notes dated [DATE] at 6:00 PM record the resident is Unresponsive . lying in bed with eyes fixed open, saliva running out of side of mouth, and unresponsive to stimuli. Staff states that [s/he] has been in this state since this AM and had some intermittent lateral eye movements that then resolves into the fixed stare. [S/he] has been unable to swallow since this AM, so no intake by mouth. Labs ordered during a previous consult, but RN was only able to draw enough blood for complete blood count [not lithium level]. Blood pressure is below baseline . Condition is guarded. This is an acute new problem: seizure vs hyperthyroid vs infection. Orders: Transfer to Emergency Department. (continued on next page)

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F 0658 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Per review of Emergency Department notes dated [DATE]: Patient presents from [long term care facility] where [s/he] was recently admitted . [S/he] had possible seizure activity with staff where [s/he] had abnormal twitching movements and has been somnolent [sleepy, drowsy] throughout the day up to this point. Patient not following directions. Normally [s/he] is quite loud and boisterous per staff . Patient presents possible seizure activity and significant altered mental status. [S/he] does not have a documented history of seizures. Spoke with nursing staff there, decline started yesterday, normally alert and oriented to self and interactive and able to follow commands. Procedure: Critical Care. The high probability of life or limb threatening condition required a high level of direct monitoring and care. The services I provided to this patient involved treatment to stabilize presenting septic, altered mental status. In the early morning hours of [DATE], Resident #1 was transferred to the Intensive Care Unit [ICU]. ICU notes dated [DATE] at 6:30 AM record Rapid Response [emergency response team] was called because of seizure-like activities. Patient never presented this way before .loss of about 3-4 minutes. Per review of ICU Physician notes, dated [DATE], the resident is assessed with Severe lithium toxicity, altered mental status, seizure, acute renal failure. The physician notes that lithium has been on hold for at least 2 nights [since the resident was sent to the hospital] and that Patient's lithium level is 3.0 this morning. [Regarding Lithium toxicity: A safe blood level of lithium is 0.6 to 1.2 milliequivalents per liter (mEq/L). Lithium toxicity can happen when this level reaches 1.5 mEq/L or higher. Severe lithium toxicity happens at a level of 2.0 mEq/L and above, which can be life-threatening in rare cases. Levels of 3.0 mEq/L and higher are considered a medical emergency.] (https://www.healthline.com/health/lithium-toxicity) Per review of ICU Physician notes, dated [DATE]: Problem List: - Severe lithium toxicity associated with acute renal failure, seizure events and delirium - Unresolved toxic encephalopathy thought related to multiple seizure events associated with lithium toxicity with suspected brain injury - Free water deficiency in association with lithium toxicity - Initial shock thought related to medication toxicity Subjective: (continued on next page)

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F 0658 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	[Resident #1] remains in a poor condition. [S/he] is not wakeful. [H/her] eyes are open and [s/he] is staring off to the left. I have concerns that [s/he] has irreversible brain injury given [h/her] multiple seizure events and the prolonged nature of [h/her] lithium toxicity. Assessment and Plan: [Resident #1] has a history of schizophrenia who comes in with severe lithium toxicity shock secondary to lithium versus infection who has seizure activity and altered mental status, An infection was not definitively proven. Initial blood culture results are thought more likely to be contaminant. An additional seizure event took place on [DATE]. [S/he] had another seizure event that was very brief early this morning. - Severe lithium toxicity altered mental status seizure acute renal failure: Lithium has been on hold and will remain so for now - Seizure activity: This could be in the setting of lithium toxicity. Patient has not had history of seizures in the past. - Toxic metabolic encephalopathy: This is likely medication related - Acute renal failure: In the setting of lithium toxicity - Shock infectious versus lithium: Would favor lithium toxicity Disposition: Patient is Do Not Resuscitate/Do Not Intubate with a consideration of transition to comfort measures soon given [h/her] decline. Further record review reveals Resident #1 expired on [DATE] at 9:20 AM. Per review of the Lippincott Manual of Nursing, Common Departures from the Standards of Nursing Care include: failure to follow physician orders, follow appropriate nursing measures, communicate information about the patient. The standards of care for professional nursing include assessment, diagnosis, outcome identification, planning, implementation and evaluation. [Lippincott Manual of Nursing Practice-11th Edition 2018] The DNS confirmed that the facility failed to follow professional standards regarding: (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Failure to follow physician orders regarding obtaining blood draws and therapeutic drug levels. The DNS confirmed During lithium treatment, the healthcare team including physicians and nurses should make sure serum levels are checked regularly to make sure of the treatment course (https://www.ncbi.nlm.nih.gov/books/NBK499992/) and Resident #1's Medication Orders for Lithium included Black Box Warning Details- Monitoring. Lithium toxicity is closely related to serum lithium levels and can occur at doses close to therapeutic levels, Lithium toxicity is a life-threatening condition (https://my.clevelandclinic.org/health/diseases/25207-lithium-toxicity). The DNS confirmed that the facility had the option to send Resident #1 to a nearby hospital to have the blood draw completed, but this was not done after any of the three attempts performed at the facility, and there was no documentation to support Resident #1's physician was notified of the failed attempts. The DNS confirmed the facility failed to monitor signs and symptoms of lithium toxicity and continued lithium administration without knowledge of therapeutic levels. According to the National Library of Medicine: Lithium toxicity signs are obvious and can be identified and managed easily; however, ignoring it can be fatal .If any signs of early toxicity appear, the patient should stop the medication and seek medical counsel. (https://www.ncbi.nlm.nih.gov/books/NBK499992/) The DNS confirmed the facility documented signs and symptoms of lithium toxicity including altered mental status, confusion, delirium, low blood pressure, and nystagmus (uncontrolled eye movements) while continuing to administer the medication and without notifying the physician, with the resident's condition eventually transitioning into seizures and resulting in Resident #1's death. According to the American Nurses Association's, Principles for Nursing Documentation, professional standards of documentation include guiding principles as follows: * Documentation that is incomplete, inaccurate, untimely, illegible, or that is false, or misleading can lead to a number of undesirable outcomes such as jeopardizing the legal rights of patients and health care providers, impeding legal fact finding, and putting providers at risk of liability. * Authenticated: that is, the information is truthful, the author is identified, and nothing has been added or inserted inaccurately. The DNS confirmed the facility failed to maintain and accurately document resident records in a timely manner related to orders signed as completed and late entries added to Resident #1's medical record regarding physician notification and in fact physician orders not being completed. The DNS confirmed entries were added to the medical record after the resident had been transferred out the facility and were created without documentation to support their content.

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. Based on interview and record review, the facility failed to ensure that licensed nurses have the specific competencies necessary to care for Residents' needs as identified through resident assessments and the plan of care. Findings include: Per review of 5 licensed nurses' employee education files, 3 Licensed Practical Nurses did not have evidence that they had been assessed for medication administration competencies. The Facility Assessment (an assessment that determines what resources are necessary to care for the residents competently during both day-to-day operations and emergencies), dated 1/23/25, reads, The staff competencies and skill sets that are necessary to provide the level and types of care need for the Facility's specific resident population are as follows and lists the competencies and skills needed for licensed nursing staff which include medication administration. Per interview and record review, on 3/25/25 at approximately 1:45 PM, the Director of Nursing (DON) explained that all licensed nurses are evaluated prior to taking an assignment to see if they are competent to provide nursing care using the checklist, Nurse Skills Day Checklist. A review of this checklist shows a list of skills that nurses need to demonstrate. This list does not include medication administration skills, other than injections and Narcan administration. The DON was unable to produce a medication administration competency check for licensed nurses. Per interview on 3/25/25 at 3:01 PM, the Administrator confirmed that licensed nurse competencies did not include medication administration.

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F 0758 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to carry out critical medication level monitoring that was ordered and failed to consider whether the onset or worsening of symptoms, or a change of condition, may be related to the medication and failed to respond to the presence of adverse consequences related to the use of a high-risk medication for 1 of 3 sampled residents [Resident #1], which resulted in Resident #1's death. This citation is at the immediate jeopardy level due to the lack of an effective process to ensure medications are only administered with adequate monitoring of laboratory values, per manufacturers specifications and accepted professional standards for high risk medications, and not administered in the presence of adverse consequences which indicate the dose should be reduced or discontinued, putting all residents at risk for serious injury or death because of the noncompliance. Findings include: Per record review, prior to their admission to the long-term care facility, Resident #1 was hospitalized with alteration in mental status- acute mania and psychotic break. At the end of their stay in the hospital, hospital notes dated [DATE] record Resident #1 is now taking [h/her] medication, has been in much better mood. [S/he] has been interacting much more with the staff, allowing personal care, showering, bed changes, etc. [S/he] has been up into the halls during the day in a wheelchair, going outside at times when the weather is good. Nursing Progress notes from the hospital dated [DATE] record the resident is acting with improved mood, patient is smiling and allowing care throughout shift. Patient resting comfortably.' Resident #1 was discharged from the hospital on [DATE] and transferred to the long-term care facility. Review of Resident #1's Nursing admission Assessment, dated [DATE], identified the resident as speaking clearly, alert, and oriented to person. During an interview with Resident #1's Unit Manager [UM] on [DATE] at 3:10 PM, the UM stated when Resident #1 came to the facility, [s/he] was quiet for a couple of days, afterwards [s/he] was very bubbly, [s/he] was funny, outgoing. While at the hospital, Resident #1 was receiving the medication Lithium for a diagnosis of Schizoaffective disorder [Schizoaffective disorder is a mental health condition that is marked by a mix of hallucinations and delusions, and symptoms such as depression and mania-an over-the-top level of activity or energy] [Lithium is a natural salt that reduces the symptoms of mania (high energy, racing thoughts, rapid speech). The medication has a narrow range of safety, so it doesn't take much to have too much lithium in your body. Lithium toxicity is a life-threatening condition that causes intestinal and neurological symptoms. It requires immediate medical care in a hospital. Lithium toxicity (overdose) happens when you have too much of the prescription medication lithium in your body. If you don't receive treatment for lithium toxicity, it can be fatal. Healthcare providers check lithium levels with a blood test.] (https://my.clevelandclinic.org/health/diseases/25207-lithium-toxicity) (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Bennington Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2 Blackberry Lane 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)
F 0758 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During their stay at the hospital, Resident #1 was receiving regular monthly blood work to check on their lithium levels. During their 7-month stay in the hospital, Resident #1's lithium level remained in therapeutic range all but one time, when the level was found to be high. It was immediately re-checked and found to be slightly below therapeutic range. The lithium levels were checked every month through [DATE], and the resident was discharged on [DATE] and transferred to the long-term care facility prior to a December lithium level being drawn. A Physician admission History & Physical was conducted at the long-term care facility on [DATE]. The Physician's Assessments/Plans records I do have some concerns that [s/he] may be overmedicated at this point .[s/he] may benefit from some titration of [h/her] mediations over a period of likely months . Records indicate [s/he] has not had some titration of [h/her] medications over the last several months, these could be considered for gradual dose reduction in the future. The Physician records the resident has managed currently on lithium [and 2 other medications]. We will check lithium levels for baseline. Review of Physician Orders dated [DATE] reveal an order for a lithium level to be obtained by a blood draw. Review of medication orders for Resident #1 reveals an order for Lithium Carbonate Oral Capsule 300 milligrams- give 2 capsules by mouth at bedtime. The start date for the medication order is the day of admission, [DATE]. Next to the medication on the Nursing Medication Administration Record [MAR] is a Black Box Warning. Per interview with Res.#1's Unit Manager [UM] on [DATE] at 11:40 AM, nursing should click on the box prior to administering the medication and read the warning in full. For lithium, the Black Box warning reads: Black Box Warning Details- Monitoring. Lithium toxicity is closely related to serum lithium levels and can occur at doses close to therapeutic levels facilities for prompt and accurate serum lithium determination should be available before initiating therapy. Per record review, Resident #1's medical record includes a Psychotropic Medication Administration Disclosure listing the risks and benefits of psychotropic medications the resident was prescribed. Under lithium, the disclosure lists Of Special Concern: seizures, muscle reflex, stupor, coma. Toxic Levels of Lithium are close to therapeutic levels and require routine laboratory monitoring. Review of Resident #1's Medication Administration Record and Treatment Administration Record [MAR/TAR] reveal the ordered lithium level blood draw signed off by Nursing as completed on [DATE] at 10:12 AM, one day after the Physician's order was entered. Of note, The MAR/TAR includes the notation no site of lab administration data found for lab administration record. Review of Resident #1's medical record includes a Nursing Progress note labeled Late Entry, with the entry marked as created on [DATE], with an effective date recorded as [DATE] [43 days earlier]. The [DATE] effective date is 2 days after the blood draw was signed off as completed, and reads attempt x3 to obtain blood as ordered. Unable x3. MD notified, will attempt at later time. The note contains prompts to Show on Shift Report, Show on 24-hour Report, and Show on MD/Nursing Communications Report, with none of the prompts check marked to activate them. (continued on next page)

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Bennington Health & Rehab	2 Blackberry Lane 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)
F 0758 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Per interview on [DATE] at 4:01 PM, the facility's Director of Nursing Services [DNS] confirmed that there was no documentation on [DATE] that the lithium blood draw was unable to be completed as ordered despite the MAR recording the blood draw had been done. Per interview with the Unit Manager [UM] on [DATE] at 3:10 PM, the UM confirmed the note reporting the blood draw was unsuccessful was dated 2 days after the attempts were made but was written 43 days later on [DATE]. When asked why Resident #1's medical record was altered on [DATE], 43 days later, the Unit Manger stated because we knew it was going to be looked at [by the state regulatory agency]. Further review of Resident #1's Medication Administration Record [MAR] reveals the resident continued to receive the lithium on a daily basis despite no lab results available to determine if their levels were out of therapeutic range. An interview with the Assistant Director of Nursing Services [ADNS] on [DATE] at 11:51 AM revealed that in addition to the information about the drug contained in the Black Box Warning, nursing can view if lab work for the medication has been ordered and completed, and what the results are. The ADNS confirmed there were no results available for any lithium levels for Resident #1. The ADNS reported that if labs were not completed as ordered on a Black Box medication, staff should contact the Physician or On-Call Provider for further orders, including an order to hold the medication until it can be determined if the medication level in the resident is at a safe and therapeutic level. The ADNS stated the risk of holding the medication is less than the risk of giving it if the levels were not in range. The ADNS confirmed despite lithium levels not being obtained for Resident #1, the resident continued to receive daily lithium doses. An interview was conducted with Resident #1's physician on [DATE] at 4:30 PM. The physician stated it was h/her expectation that lab work would be completed as ordered and after the blood work was unable to be drawn the first time on [DATE], Resident #1 should have been sent to an outpatient facility to have it done. The physician further stated that if nursing observed symptoms consistent with medication toxicity, the medication should be held with notification to the physician. According to the National Library of Medicine: Lithium toxicity signs are obvious and can be identified and managed easily; however, ignoring it can be fatal. Indeed, in some cases, lithium toxicity can lead to coma, brain damage, or even death. During lithium treatment, the healthcare team including physicians and nurses should make sure serum levels are checked regularly to make sure of the treatment course. If any signs of early toxicity appear, the patient should stop the medication and seek medical counsel. (https://www.ncbi.nlm.nih.gov/books/NBK499992/) Review of Resident #1's medical record records dated 1/5, 1/6, and [DATE] record the resident displaying behaviors. Nursing notes on [DATE] record resident noted to be yelling out, difficult to understand what [s/he] is saying, agitated with care, swinging at Nurses' Aides during care. Behaviors continued on 1/8 and 1/9, with the resident threw [h/her] drink at this nurse, refused to allow nebulizer treatment to be administered, very agitated at this nurse. Nursing Notes dated [DATE] reveal Resident #1 was hallucinating and delusional and staff were unable to get resident to cooperate. On [DATE], Resident #1 was yelling out, screaming, hysterically laughing and screaming out again, inconsolable. Resident #1 was evaluated remotely by a physician via Tele-Medicine' [face to face via computer and camera] on [DATE]. The Physician noted upon admission [Resident #1] could communicate [h/her] needs, slowly transitioned to manic behaviors. Today, [Resident #1] is found in bed tearful and then angry, pointing and unable to communicate [h/her] needs. Under Assessment/Recommendations, the Physician records will need lab results to review prior to recommendations: lithium. (continued on next page)

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F 0758 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A Change in Condition form was entered on [DATE] for altered mental status for Resident #1. Nursing Observations record Resident is exhibiting signs of agitation with hallucinations and delusions. According to the Pharmaceutical Journal: Lithium toxicity may occur in some patients despite a normal lithium level; therefore, recognizing the clinical features of toxicity is important. The central nervous system (CNS) is most affected by chronic toxicity, with an altered level of consciousness being the most common sign. Other CNS signs and symptoms include slurred speech, confusion . Signs of severe toxicity include increased disorientation and seizures, possibly leading to coma. Patients with long-term conditions, including diabetes and schizophrenia are at increased risk of developing lithium toxicity. [Per record review, Res.#1's diagnoses include both diabetes and schizophrenia.] If there are signs or symptoms of lithium toxicity, lithium should be withheld, and an urgent lithium level should be taken, with specialist advice sought. (https://pharmaceutical-journal.com/article/ld/lithium-monitoring-and-toxicity-management) Per interview with Resident #1's physician on [DATE] at 4:30 PM the physician stated a change in mental status would be a departure from the normal [for Resident #1] with new clinical features and confirmed that telehealth notes on [DATE] recorded a change in mental status and that having Resident #1 sent out for a blood draw would have been appropriate. Review of Resident #1's medical record reveals no order for lithium levels to be drawn per the tele-health recommendation on [DATE], and no documentation that any attempts were made for 3 days after the tele-health note. Nursing Progress notes dated [DATE], 3 days after the Telemedicine recommendation for lithium levels read unable to obtain blood draw for lithium level. Attempt x 3. Further record review reveals Res.#1 continued to receive daily doses of Lithium Carbonate despite displaying clinical features of toxicity. Per record review, 10 days later, on [DATE], a third attempt was made to obtain a lithium level. The sample obtained was determined to be too small to conduct the lithium test. Per interview on [DATE] at 4:01 PM, the facility's Director of Nursing Services [DNS] stated that the facility had the option to send the resident to a nearby hospital to have the blood draw completed, but this was not done after any of the three attempts performed at the facility. Review of Nursing Progress notes dated [DATE] record the resident is screaming out unrecognizable words, talks to self, hallucinations, delusions. On [DATE], the resident is assessed as semi- alert. On [DATE] the resident is refusing h/her continuous oxygen treatment. There is no documentation of the Physician being notified of the resident's hallucinations, delusions or semi-alert condition. An interview was conducted on [DATE] at 2:36 PM with Resident #1's nurse who was caring for the resident on [DATE]. The nurse stated I came in at 7:00 AM on [DATE], and my aides [Licensed Nurses' Aides] told me that [Resident #1] looked wrong. They were worried [s/he] was not themselves, not interacting, eyes were tracey[uncontrolled movements]. I had been off for 4 days, and it was a complete change in condition from when I last laid eyes on [h/her], their blood pressure was low, they weren't eating and drinking much. I called telehealth between 7:30 & 9:00 AM, telehealth said hold the psychotics [including lithium]. Then next shift nurse [the shift starting at 3:00 PM] called the provider and [Resident #1] was sent out to the hospital. (continued on next page)

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F 0758 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On [DATE], at 10:51 AM, Nursing Progress notes record multiple medications being held due to the resident's altered mental status, lethargy. Per the National Library of Medicine regarding the levels of lithium toxicity: Severe intoxication: Coma, seizures, and hypotension [low blood pressure]. The Cleveland Clinic notes: If you have moderate to severe lithium toxicity, you'll likely get neurological symptoms. These include: Mental status changes that can range from mild confusion to delirium. Slurred speech (dysarthria). Uncontrolled eye movements (nystagmus). Seizures (severe cases). (https://my.clevelandclinic.org/health/diseases/25207-lithium-toxicity) A Change in Condition form was entered on [DATE] for Res.#1, five hours after medications were held. The Change in Condition form was for Altered mental status. Talks/communicates less. Tired, weak, confused or drowsy and Abnormal vital signs (low blood pressure). Nursing observations include Resident #1 in bed with eyes open, nystagmus noted both eyes. Resident looks when called but is unable to respond verbally. Unable to squeeze hands or apply pressure with feet when asked. Resident grimacing with what appears to be pain. Resident took one bite of dinner and vomited. The On-call Telemedicine Physician was contacted. Review of the Physician Notes dated [DATE] at 6:00 PM record the resident is Unresponsive . lying in bed with eyes fixed open, saliva running out of side of mouth, and unresponsive to stimuli. Staff states that [s/he] has been in this state since this AM and had some intermittent lateral eye movements that then resolves into the fixed stare. [S/he] has been unable to swallow since this AM, so no intake by mouth. Labs ordered during a previous consult, but RN was only able to draw enough blood for complete blood count [not lithium level]. Blood pressure is below baseline . Condition is guarded. This is an acute new problem: seizure vs hyperthyroid vs infection. Orders: Transfer to Emergency Department. Per review of Emergency Department notes dated [DATE]: Patient presents from [long term care facility] where [s/he] was recently admitted . [S/he] had possible seizure activity with staff where [s/he] had abnormal twitching movements and has been somnolent [sleepy, drowsy] throughout the day up to this point. Patient not following directions. Normally [s/he] is quite loud and boisterous per staff . Patient presents possible seizure activity and significant altered mental status. [S/he] does not have a documented history of seizures. Spoke with nursing staff there, decline started yesterday, normally alert and oriented to self and interactive and able to follow commands. Procedure: Critical Care. (continued on next page)

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F 0758 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	The high probability of life or limb threatening condition required a high level of direct monitoring and care. The services I provided to this patient involved treatment to stabilize presenting septic, altered mental status. In the early morning hours of [DATE], Resident #1 was transferred to the Intensive Care Unit [ICU]. ICU notes dated [DATE] at 6:30 AM record Rapid Response [emergency response team] was called because of seizure-like activities. Patient never presented this way before .loss of about 3-4 minutes. Per review of ICU Physician notes, dated [DATE], the resident is assessed with Severe lithium toxicity, altered mental status, seizure, acute renal failure. The physician notes that lithium has been on hold for at least 2 nights [since the resident was sent to the hospital] and that Patient's lithium level is 3.0 this morning. [Regarding Lithium toxicity: A safe blood level of lithium is 0.6 to 1.2 milliequivalents per liter (mEq/L). Lithium toxicity can happen when this level reaches 1.5 mEq/L or higher. Severe lithium toxicity happens at a level of 2.0 mEq/L and above, which can be life-threatening in rare cases. Levels of 3.0 mEq/L and higher are considered a medical emergency.] (https://www.healthline.com/health/lithium-toxicity) Per review of ICU Physician notes, dated [DATE]: Problem List: - Severe lithium toxicity associated with acute renal failure, seizure events and delirium - Unresolved toxic encephalopathy thought related to multiple seizure events associated with lithium toxicity with suspected brain injury - Free water deficiency in association with lithium toxicity - Initial shock thought related to medication toxicity Subjective: (continued on next page)

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F 0758 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	[Resident #1] remains in a poor condition. [S/he] is not wakeful. [H/her] eyes are open and [s/he] is staring off to the left. I have concerns that [s/he] has irreversible brain injury given [h/her] multiple seizure events and the prolonged nature of [h/her] lithium toxicity. Assessment and Plan: [Resident #1] has a history of schizophrenia who comes in with severe lithium toxicity shock secondary to lithium versus infection who has seizure activity and altered mental status, An infection was not definitively proven. Initial blood culture results are thought more likely to be contaminant. An additional seizure event took place on [DATE]. [S/he] had another seizure event that was very brief early this morning. - Severe lithium toxicity altered mental status seizure acute renal failure: Lithium has been on hold and will remain so for now - Seizure activity: This could be in the setting of lithium toxicity. Patient has not had history of seizures in the past. - Toxic metabolic encephalopathy: This is likely medication related - Acute renal failure: In the setting of lithium toxicity - Shock infectious versus lithium: Would favor lithium toxicity Disposition: Patient is Do Not Resuscitate/Do Not Intubate with a consideration of transition to comfort measures soon given [h/her] decline. Further record review reveals Resident #1 expired on [DATE] at 9:20 AM. (continued on next page)

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F 0758 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	An interview was conducted with the facility's Administrator [ADM], Director of Nursing Services [DNS], the Director of Operations, and the Regional Clinical Director on [DATE] at 4:01 PM. During the interview, the facility's Director of Nursing Services [DNS] confirmed the facility recognized that Resident #1 was ordered and administered a critical medication with which presented significant risks to the resident. The DNS confirmed that in addition to monitoring lab levels of the medication, it was essential to monitor the physical and mental/neurological status of the resident and report these changes to the Physician to ensure the resident's health and safety. The DNS confirmed that Medication Administration Records prompted Nursing to review lab levels and assess for signs and symptoms of toxicity with every administration of the lithium, which was given daily. The DNS confirmed that therapeutic levels of lithium differ only slightly from levels that can result in serious harm. Per the interview on [DATE] at 4:01 PM, the DNS and ADM confirmed that blood work orders for Resident #1 were not completed as ordered. The DNS & ADM confirmed that attempts to obtain critical lab values of lithium levels were conducted weeks apart with no rationale for the delay. The DNS confirmed the facility failed to contact the Physician in regard to whether to continue or hold the lithium administration while blood work monitoring was not completed. The DNS & ADM confirmed that Resident #1 exhibited signs and symptoms of lithium toxicity on multiple days without the Physician being notified, including [DATE], when Resident #1 was unable to accept medications due to lethargy and unspecified altered mental status and the Physician was not contacted until approximately 4 hours later, at 3:51 PM.

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F 0841 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a physician to serve as medical director responsible for implementation of resident care policies and coordination of medical care in the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and policy review, the facility failed to ensure the Medical Director assisted the facility with the development and implementation of resident care policies, specifically related to laboratory services. This deficient practice has the potential to affect all residents residing in the facility. Findings include: Per record review, Resident #1 was admitted to the facility on [DATE] after being hospitalized with alteration in mental status- acute mania and psychotic break, and the diagnosis of Schizoaffective disorder [Schizoaffective disorder is a mental health condition that is marked by a mix of hallucinations and delusions, and symptoms such as depression and mania-an over-the-top level of activity or energy]. Resident #1's physician orders reveal an order for Lithium Carbonate Oral Capsule 300 milligrams- give 2 capsules by mouth at bedtime, with a start date of [DATE]. A Physician admission History & Physical dated [DATE] reads do have some concerns that [s/he] may be overmedicated at this point .[s/he] may benefit from some titration of [h/her] mediations over a period of likely months . The Physician records the resident has managed currently on lithium [and 2 other medications]. We will check lithium levels for baseline. Review of Physician Orders dated [DATE] reveal an order for a lithium level to be obtained by a blood draw. There was no evidence in Resident #1's medical record that lithium levels were obtained prior to being transferred to the hospital on [DATE]. There was no documentation in Resident #1's medical record that the physician was notified that the lithium blood draw was unable to be completed as ordered until [DATE]. Resident #1's Medication Administration record reveals that s/he received lithium every day prior to [DATE]. A [DATE] Change in Condition form reveals that Resident #1 was transferred to the hospital on [DATE] for altered mental status. Per review of ICU Physician notes, dated [DATE], the resident was assessed with Severe lithium toxicity, altered mental status, seizure, acute renal failure. Further record review reveals Resident #1 expired on [DATE] at 9:20 AM. See F658 for more information. Per interview on [DATE] at 3:09 PM, the Unit Manager acknowledged that the facility identified problems related to obtaining Resident #1's lithium levels. She was unsure if there was a policy or written process regarding lab services and results, but stated that the facility has done education about the process since the facility identified the issue. Per interview on [DATE] at 3:01 PM, the Administrator provided a policy titled Lab Draw Collection Policy which revealed a process in which the physician should be notified, and attempts should be documented in the resident's medical record, when blood specimens cannot be obtained. This policy is dated effective as of [DATE], 81 days after the physician had ordered Resident #1's lithium level to be obtained by a blood draw. The Administrator provided evidence of when the Medical Director last reviewed nursing policies and procedures. A sign off sheet documenting who participated in a review of nursing policy and procedures revealed that the Medical Director last reviewed nursing policies and procedures on [DATE]. (continued on next page)

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F 0841 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Per phone interview on [DATE] at 4:18 PM, the Medical Director stated that there should be a policy and a process that is followed regarding laboratory services. He revealed that he was unaware that the facility did not have a laboratory services policy and confirmed that there should be. The physician stated s/he was not familiar with how policy is created and couldn't say what they [the policies] are.