

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 07/16/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, interview, and record review the facility failed to ensure that 1 of 5 residents in the applicable sample (Resident #1) who was moved from one room to another room within the facility was provided a safe homelike environment. Findings include: Per review of Resident #1's census information s/he was transferred to a new room within the facility on 7/12/2025. During an observation tour of the facility on 7/15/2025 at 12:22 PM Resident #1's room was noted to have two beds, one on each side of the room. The bed near the window was made with facility bedding, while the bed by the door was noted to be un-made with a bare mattress on the bed. On top of the mattress was a standing wet floor sign, two wheelchair leg rests, a cushion, a bare pillow, several papers, and an unattached foot board. There were four wheelchairs next to the bed. Along the wall there was a dresser with books and other items on the top, a desk with a laundry basket filled with personal items, and two shopping bags filled with items. There was a chair that had a large clear plastic bag that was filled with linens and three pillows without cases stacked on top of the bag. Per interview on 7/15/2025 at approximately 3:30 PM with the facility Administrator, Resident #1 had recently been moved to this room. The Administrator confirmed that Resident #1's room was not homelike, that their personal belongings should have been unpacked, the bed should not be piled with the items, and the wheelchairs did not belong to the Resident and should not have been in the room.</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 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>Based on observation, interview, and record review the facility failed to ensure the contracting food service department employed sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service. This deficiency has the potential to impact all residents. Findings include: During observations of the facility kitchen on 7/15/2025 at 8:50 AM there were several concerns with kitchen cleanliness, food storage, safety, and sanitization noted. Review of the facility Grievance Log and actual grievances from April 2025 - July 2025 revealed 5 grievances dated 4/7, 4/21, 4/25, 6/10, and 6/12 related to food quality, temperature, raw meats, over and under cooked foods including chicken, pork, and hamburger. Per interview on 7/15/2025 at 10:35 AM with the Regional Dietary Manager (RDM) when asked if there was a process to ensure that staff were competent in food service activities, he stated that the Dietary Manager supervises the food service process. The RDM was asked to provide evidence of education for three cooks and three dietary aides regarding food services. Review of documented training provided by the RDM revealed the following: Cook #1 the RDM was unable to produce evidence of any documented training or competency. [NAME] #2 revealed that in 2023 he had completed in-service training and quizzes regarding topics such as food safety, preparation, and labeling. In 2024 the only documented trainings were an in-service quiz regarding cross contamination completed on 2/9/2024 and knives, slicers, and cutting boards completed on 1/22/24. There was no documented training for 2025. There was also no documented evidence that cook #1 had ever been assessed for competency related to food service activities. [NAME] #3 the only documented trainings regarding food service in 2024 were an in-service quiz regarding cross contamination completed on 2/9/2024 and knives, slicers, and cutting boards completed on 1/22/24. There was no documented training for 2025. There was also no documented evidence that [NAME] #2 had ever been assessed for competency related to food service activities. Dietary Aide #1 the RDM was unable to produce evidence of any documented training or competency in food service. Dietary Aide #2 the only training documented for 2024 was knives, slicers, and cutting boards in-service quiz completed on 1/22/24 and a cross contamination in-service quiz completed on 2/9/2024. There was no documented evidence the Dietary aide had ever been assessed for competency related to food service. Dietary Aide #3 the only training documented for 2024 was knives, slicers, and cutting boards in-service quiz completed on 1/22/24 and cross contamination in-service quiz completed on 2/9/2024. There was no documented evidence the Dietary aide had ever been assessed for competency related to food service. The RDM conformed that there was no documentation that demonstrated that the dietary staff had been assessed for competency related to dietary services including food storage, preparation, cooking, and serving. Per interview on 7/15/2025 at 3:00 PM with the facility Administrator, the consulting food service agency is responsible for training and competency of the food service staff. She was not aware of the status of training and competency. The Administrator confirmed the above concerns had been reported through the grievance process and had been addressed with the DM and RDM. Ref. F812</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and interview the facility failed to store food in accordance with professional standards for food service safety. This deficiency has the potential to impact all residents in the facility. Findings include: Per observation of the main kitchen on 7/15/25 at 8:50 AM, it was noted upon entry that there were fruit flies flying around the food prep and cooking area. The cook and the Dietary Manager (DM) were present. The DM stated that the fruit flies have been there for about a week. He also stated that they have been flushing the drains with bleach, and he has been cleaning and mopping the kitchen every morning. In the dish room there were more fruit flies flying around, an osculating fan was on and there was fly tape hanging from the ceiling that was being blown around by the fan with dead fruit flies stuck to it. On the bottom shelf of a 3-tier metal rack was a large bin of flour that was uncovered with the lid slid off to the side. On the 3rd shelf there were two uncovered bins filled with kitchen utensils. Further observations of the kitchen revealed that there was a large amount of dead fruit flies on the rack under the juice dispenser, live fruit flies in the dry storage area, an open box of potatoes, and an open box of watermelons on the third shelf of a metal rack. The large mixer was uncovered, and the bowl had dried debris in it. When asked about the mixer the DM stated, I keep that covered and removed the bowl. During observations of the walk-in refrigerator it was noted that there was an open large bag of cheddar cheese on a shelf and on the bottom shelf there was a cardboard box with two bags of raw chicken and a large build-up of liquid from the thawed chicken had formed. There was no date on the bags of chicken or the box identifying when it had been thawed or when it expired. The DM confirmed that there was no date. A two doored refrigerator holding prepped deserts, juices, and condiments was noted to have moisture on the outside. Each side of the refrigerator had thermometers one read 48 degrees Fahrenheit (F) and the other read 46 degrees F. The DM stated that it was probably because they had been opening and closing the doors and he would check them in an hour. During a walk-through of the kitchen with the regional Dietary Manager (RDM) on 7/15/25 at 10:35 AM he confirmed there were fruit flies in the on the fans in the dish room and the fly paper hanging from the ceiling, however the fans were not running at this time. He also confirmed that the bins with the utensils were not and should be covered. The raw chicken in the refrigerator remained but was now in a stainless-steel pan with a date on it. When the RDM was told that it was the chicken that had been in the box with no date on it during the initial observation he told the DM to throw it out. The RDM also confirmed that the refrigerator temperatures were still 46 degrees F and 48 degrees F. Per interview with the facility Administrator on 7/15/2025 at 3:00 PM she confirmed that there were concerns related to the cleanliness of the kitchen.</p>