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	02/03/2026

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on interview and record review the facility failed to ensure that a resident's representative was informed of benefits, risks, and alternatives prior to initiating an anti-anxiety medication for 1 of 5 sampled residents (Resident #2). Findings include: Per record review, Resident #2 was admitted to the facility 5/27/2025 with physician's orders for Depakote (anticonvulsant), Vistaril (antihistamine), and Zoloft (anti-depressant) for mood disorder. There is no documented evidence that the Resident's representative was informed of the benefits, risks, or alternatives until a consent form was completed by the Unit Manager on 6/20/2025 indicating that she had obtained verbal consent from the responsible party.On 7/17/2026 a physician's order was written for Buspirone (anti-anxiety) 10 mg by mouth twice daily for anxiety. Further review revealed that there was no documented evidence that Resident #2's responsible party was informed of the benefits, risks, alternate treatment, or initiation of the physician ordered Buspirone. A progress note dated 7/25/2025 reads Note: Order to DC Buspirone per provider and guardian request carried out. [vital signs every] shift order implemented along with behavior monitoring X3 days entered. Care plan updated. Responsible party aware. Per interview with Resident #2's responsible party on 2/3/2026 at 1:30 PM, s/he had not been made aware of the initiation of the Buspirone and when s/he was made aware s/he asked that it be discontinued. Per interview on 2/2/2026 at 2:15 PM the Director of Nursing confirmed that there was no evidence that Resident #2's representative had been offered informed consent prior to the initiation of the Buspirone.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews and record review, the facility failed to ensure the timely acquisition and availability of ordered medications to meet resident needs, resulting in omission or delay of physician?ordered drugs for 3 of 5 sampled residents (Resident #1, #2, and #3) and, per facility audit, for 35 of 81 residents facility?wide. As a result, Resident #1 did not receive venlafaxine XR for 4 days and pregabalin for 8 days and suffered an unwitnessed fall, headache, elevated blood pressure, and seizure like activity that required them to be evaluated and treated at the hospital. Findings include: 1. Per record review, Resident #1 had a Physician's Order dated 10/22/2025 for Effexor XR [Anti-Depressant] Oral Capsule Extended Release 24 Hour 150 MG (Venlafaxine HCl) Give 300 mg by mouth one time a day for Depression.Review of Resident # 1's Progress Notes and December 2025 and January 2026 medication administration records (MARs) revealed that the Resident did not receive the prescribed Effexor for 4 days, from 12/31/2025- 1/6/2026 as it was not available. Further record review reveals that Resident #1 also had a Physician's Order dated 10/21/2025 for Pregabalin (Lyrica, an anticonvulsant [anti-seizure] and gabapentinoid [used to treat nerve pain]) 25 mg per day for pain. Review of the Resident's Progress notes and December 2025 and January 2026 MARs reveals that the prescribed Lyrica was not available and not administered from 12/29/2025 - 1/5/2026.A progress note dated 1/3/2026 reads Walked into residents room and found resident lying on the floor on [her/his] left side. Resident crying stating [her/his] head was pounding and [her/his] left hand was hurting. [blood pressure] 206/104- [according to the American Heart Association could signal severe hypertension or hypertensive emergency] [pulse] 98- [Oxygen Saturation] 97% Resident noted to have seizure activity x 2. The Resident was sent to the emergency department .Review of the hospital Discharge Summary revealed that there was a suspicion for organic seizure [events that look like epileptic seizures but are caused by a direct physical issue in the brain] and a recommendation for Keppra 500 mg twice daily was made. Discharge diagnoses of seizure-like activity with known history of nonepileptic shaking, resolved elevated troponin and elevated lactic acid [diagnostic tests used to confirm heart damage]. The assessment and plan states Possibly nonepileptic seizure, but elevated troponin and lactic somewhat concerning. Review of laboratory results revealed that Resident #1's Troponin T level on 1/3/2026 was 38.90 at 6:23 PM (the normal range is less than 14.00). The Discharge Summary also stated, The Patient be going back on all [her/his] standard meds there was some question if she missed a couple of [her/his] meds at Mission care by [her/his] friend. The note does not address which medications may have been missed or whether the Resident had been evaluated for rapid withdrawal contributing to her/his condition. While being evaluated at the hospital Resident #1 experienced behavior changes and it was determined that it was best for her/his overall emotional wellbeing s/he would discharge back to the facility with orders to continue previous medications. A communication note dated 1/5/2026 states This nurse was made aware that both Effexor and Lyrica had still not arrived from pharmacy despite multiple contacts made with the pharmacy. Spoke with [name omitted] (Pharmacy Rep), states she will have medication sent STAT [without delay]. Spoke with [Medical Director] ordered to continue with medication as scheduled. Resident was made aware. Further review of Resident #1's progress notes revealed that on 1/11/2026 nursing staff were again unable to administer the ordered Effexor due to unavailability. Further record review revealed that on 1/6/2026 Resident #1 had laser iridotomy (an outpatient procedure that uses a focused laser beam to create a tiny hole in the iris, allowing fluid to drain and reducing eye pressure in patients with or at high risk of, narrow-angle glaucoma) to both eyes. S/he returned to the facility with an order to continue to use Prednisolone 1% (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 0755 Level of Harm - Actual harm Residents Affected - Few	one drop in each eye daily for a total of 7 days to start on 1/7/2026.Review of Resident #1's January MAR revealed that the order for the Prednisolone 1% was not implemented until 1/9/2026.Per interview on 1/21/2026 at 11:04 AM, the Director of Nursing (DON) confirmed the above medication errors occurred. 2. Per record review, Resident #2 had a physician's order with a start date of 5/27/2025 for Depakote Delayed Release (DR) 1000 mg by mouth one time a day and 500 mg at bedtime for mood disorder for a total of 1500mg daily.Per review of a Health Note written by an on-call provider dated 7/6/2025 [Resident's] diet changed to pureed, [Resident]not able to swallow Depakote due to the size/coating. Nurse requests liquid or crushable formulation. Only comes in sprinkles or extended release formulation. Changing to sprinkles will necessitate dosing modification, so will defer to Pharmacy for their expertise. Orders: Notify a clinician of any change in condition. change depakote DR 500 mg 2 tabs daily and 1 tab at bedtime to depakote sprinkles, dosing as per Pharmacy recommendations. Per review of an Administration Order Summary, the Depakote order from admission on [DATE] was placed on hold because there was a new order for Depakote sprinkles.Review of Resident #2's July 2025 Medication Administration Record (MAR) reveals that the Depakote order was placed on hold on 7/6/2025 and the new order for Depakote sprinkles was not implemented for 20 days, until 7/25/2025. Per interview on 1/21/2026 at 2:47 PM, the Director of Nursing stated the Depakote order had been placed on hold until the order for the Depakote sprinkles could be obtained from the pharmacy. The DON confirmed that Resident #2 did not receive Depakote from 7/6/2025 to 7/25/2025.3. Per record review Resident #3 had a Physician's Order for Pregabalin (Lyrica) 50 mg three times daily. Progress notes dated 12/30/25 - 1/2/26 state that the medication was not available. Further record review revealed a SBAR (Situation, Background, Assessment, Request, used to communicate a change in condition to the provider) dated 1/4/2026 revealed that Resident #3 was experiencing painful urination. Provider feedback was CBC, CMP, UAR with C&S (urinalysis and urine culture & sensitivity), 1 liter IV Fluid @75ml/hr, Pyridium 100mg BID x 3 days, Keflex 500mg BID for 5 days. A physician's order dated 1/4/2026 read start on keflex 500 mg [twice daily] for 5 days . start on pyridium 100 mg [twice daily] for 3 days Notify a clinician of any change in condition. Per review of the Resident's January Medication Administration Record the order for Keflex was not implemented until 1/6/2026 and the Pyridium was documented on 1/6/26 as awaiting pharmacy.Per interview with the Director of Nursing (DON) on 1/21/2026 at 11:04 AM, she confirmed that the above some medications have not been available for administration per physician's orders. The DON stated that the facility has had ongoing issues with the Pharmacy. This began before Christmas to just recently and the issue is that the Pharmacy is not getting the medications to the facility, on time. The DON stated that she has reviewed the patterns of what medications have not been delivered and they are trying to address the issues by having the medications added to their backup medications. The main medications identified as not being filled timely were Effexor, Lyrica, and Hydroxyzine but there are others (See F760).Review of the facility audit dated 1/9/2026 revealed 35 out of 81 residents had been identified to have missing medications. Drugs@FDA: FDA-Approved Drugs

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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 0760 Level of Harm - Actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure that residents were free from significant medication errors caused by frequent omissions of medications related to availability and/or transcription practices for 3 of 5 residents in the sample (Residents #1. #2. and #3). Due to this deficient practice Resident #1 experienced an unwitnessed fall, headache, elevated blood pressure, and seizure like activity that required them to be evaluated and treated at the hospital. Findings include:1. Per record review, Resident #1 has diagnoses that include panic disorder, anxiety disorder, dissociative identity disorder, major depressive disorder, tremor, and hypertension. A Physician's Order dated 10/22/2025 states Effexor XR [Anti-Depressant] Oral Capsule Extended Release 24 Hour 150 MG (Venlafaxine HCl) Give 300 mg by mouth one time a day for Depression.Review of Resident # 1's Progress Notes and December 2025 and January 2026 medication administration records (MARs) revealed that the Resident did not receive the prescribed Effexor for 4 days, from 12/31/2025- 1/6/2026. Per Black Box Warning (alerts healthcare providers and patients to serious, potentially life-threatening, or permanently disabling adverse reactions) A gradual reduction in the dose, rather than abrupt cessation, is recommended when discontinuing therapy with Effexor XR. Abruptly stopping the use of Effexor can lead to Discontinuation syndrome. Suddenly stopping EFFEXOR XR may cause you to have serious side effects. Your healthcare provider may want to decrease your dose slowly. Symptoms may include: Seizures (convulsions) . Other adverse reactions that may occur include agitation, anorexia, anxiety, confusion, impaired coordination and balance, diarrhea, dizziness, dry mouth, dysphoric mood, fasciculation, fatigue, flu-like symptoms, headaches, hypomania, insomnia, nausea, nervousness, nightmares, sensory disturbances (including shock like electrical sensations), somnolence, sweating, tremor, vertigo, and vomiting. Further record review reveals that Resident #1 also had a Physician's Order dated 10/21/2025 for Pregabalin (Lyrica, an anticonvulsant [anti-seizure] and gabapentinoid [used to treat nerve pain]) 25 mg per day for pain. Review of the Resident's Progress notes and December 2025 and January 2026 MARs revealed that the prescribed Lyrica was not available and not administered from 12/29/2025 - 1/5/2026. The FDA Black Box Warning states Do not stop taking LYRICA without talking to your healthcare provider. If you stop taking LYRICA suddenly you may have headaches, nausea, diarrhea, trouble sleeping, increased sweating, or you may feel anxious. If you have epilepsy and you stop taking LYRICA suddenly, you may have seizures more often. Talk with your healthcare provider about how to stop LYRICA slowly. Warnings and Precautions include: Abrupt or rapid discontinuation may increase the risk for seizures. Withdrawal symptoms or suicidal behavior and ideation have been observed after discontinuation. Taper LYRICA gradually over a minimum of 1 week. A progress note dated 1/3/2026 reads Walked into residents room and found resident lying on the floor on [her/his] left side. Resident crying stating [her/his] head was pounding and [her/his] left hand was hurting. [blood pressure] 206/104- [according to the American Heart Association could signal severe hypertension or hypertensive emergency] [pulse] 98- [Oxygen Saturation] 97% Resident noted to have seizure activity x 2.The Resident was sent to the emergency department .Another progress Note dated 1/3/2026 reads Received an update from the ER [emergency room] nurse [name omitted] (RN) at [hospital] on [the Resident]. Resident is being admitted on observation and is currently alert and oriented x3, resident is waiting for further testing and evaluations. Resident also have orders for [diagnostic testing], serial troponins, and is started on Keppra to prevent any further seizure activities . Resident denies having any chest pain or discomfort. ER nurse reported [her/him] being noncompliant with the telemetry monitoring and won't keep the leads on. Overall [s/he] also have been having changes with her personalities while in the ER but have not been (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 0760 Level of Harm - Actual harm Residents Affected - Few	combative so far .Review of the hospital Discharge Summary reveals that there was a suspicion for organic seizure [events that look like epileptic seizures but are caused by a direct physical issue in the brain] and a recommendation for Keppra 500 mg twice daily was made. Discharge diagnoses of seizure-like activity with known history of nonepileptic shaking, resolved elevated troponin and elevated lactic acid [diagnostic tests used to confirm heart damage]. The assessment and plan states Possibly nonepileptic seizure, but elevated troponin and lactic somewhat concerning. Review of laboratory results revealed that Resident #1's Troponin T level on 1/3/2026 was 38.90 at 6:23 PM (the normal range is less than 14.00). The Discharge Summary also stated, The Patient be going back on all [her/his] standard meds there was some question if she missed a couple of [her/his] meds at Mission care by [her/his] friend. The note does not address which medications may have been missed or whether the Resident had been evaluated for rapid withdrawal contributing to her/his condition. While being evaluated at the hospital Resident #1 experienced behavior changes and it was determined that it was best for her/his overall emotional wellbeing s/he would discharge back to the facility with orders to continue previous medications. Per progress notes dated 1/4/2026 Resident #1 returned to the facility with no new orders.A communication note dated 1/5/2026 states This nurse was made aware that both Effexor and Lyrica had still not arrived from pharmacy despite multiple contacts made with the pharmacy. Spoke with [name omitted] (Pharmacy Rep), states she will have medication sent STAT [without delay]. Spoke with [Medical Director] ordered to continue with medication as scheduled. Resident was made aware. Further review of Resident #1's progress notes revealed that on 1/11/2026 nursing staff were again unable to administer the ordered Effexor due to unavailability. Further record review revealed that on 1/6/2026 Resident #1 had laser iridotomy (an out-patient procedure that uses a focused laser beam to create a tiny hole in the iris, allowing fluid to drain and reducing eye pressure in patients with or at high risk of, narrow-angle glaucoma) to both eyes. S/he returned to the facility with an order to continue to use Prednisolone 1% (used to reduce eye swelling, redness, and irritation caused by injury, surgery, or allergies) one drop in each eye daily for a total of 7 days to start on 1/7/2026. Review of Resident #1's January MAR revealed that the order for the Prednisolone 1% was not transcribed until 1/8/2026 and was not implemented until 1/9/2026.A SBAR (Situation, Background, Assessment, Request, used to communicate a change in condition to the provider) dated 1/9/2026 reads Nursing observations, evaluation, and recommendations are: Resident complains of right eye pain and throbbing this morning. Recommendations were called performing surgeon who has asked to see the resident in office today.Per interview on 1/21/2026 at 11:04 AM, the Director of Nursing (DON) confirmed the above medication errors occurred. 2. Per record review a Minimum Data Set (MDS, an assessment used to develop a plan of care) dated 12/1/2025, Resident #2 has diagnoses that include anxiety disorder and bipolar disorder. S/he has a physician's order with a start date of 5/27/2025 for Depakote Delayed Release (DR) 1000 mg by mouth one time a day and 500 mg at bedtime for mood disorder for a total of 1500 mg daily. Per review of a Health Note written by an on-call provider dated 7/6/2025, [Resident's] diet changed to pureed, [Resident] not able to swallow Depakote due to the size/coating. Nurse requests liquid or crushable formulation. Only comes in sprinkles or extended release formulation. Changing to sprinkles will necessitate dosing modification, so will defer to Pharmacy for their expertise. Orders: Notify a clinician of any change in condition. change depakote DR 500mg 2 tabs daily and 1 tab at bedtime to depakote sprinkles, dosing as per Pharmacy recommendations. Per review of an Administration Order Summary and Resident #2's July 2025 Medication Administration Record, the Depakote order from admission on [DATE] was placed on hold on 7/6/2025 because there was a new order for Depakote sprinkles. However, the Depakote sprinkles were not implemented for 19 days, (continued on next page)

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F 0760 Level of Harm - Actual harm Residents Affected - Few	until 7/25/2025. According to the Food and Drug Administration Depakote delayed-release tablets are also used to treat manic episodes associated with bipolar disorder. Stopping Depakote suddenly can cause serious problems.Per interview on 1/21/2026 at 2:47 PM, the Director of Nursing stated that the Depakote order had been placed on hold until the order for the Depakote sprinkles could be obtained from the pharmacy. The DON confirmed that Resident #2 did not receive Depakote from 7/6/2025 to 7/25/2025.3. Per record review, Resident #3 had a Physician's Order for Pregabalin (Lyrica, a prescribed medication used to treat nerve pain) 50 mg three times daily for neuropathy (nerve damage that often causes pain, numbness, or weakness). Progress notes dated 12/30/25 - 1/2/26 state that the medication was not available. There is no documentation that supports that the physician was notified of the missed doses of Lyrica and no evidence of increased monitoring for adverse reactions related to abrupt cessation of the Lyrica.The FDA Black Box Warning states Do not stop taking LYRICA without talking to your healthcare provider. If you stop taking LYRICA suddenly you may have headaches, nausea, diarrhea, trouble sleeping, increased sweating, or you may feel anxious. If you have epilepsy and you stop taking LYRICA suddenly, you may have seizures more often. Talk with your healthcare provider about how to stop LYRICA slowly. Warnings and Precautions include: Abrupt or rapid discontinuation may increase the risk for seizures. Withdrawal symptoms or suicidal behavior and ideation have been observed after discontinuation. Taper LYRICA gradually over a minimum of 1 week. Further record review revealed a SBAR dated 1/4/2026 revealed that Resident #3 was experiencing painful urination. Provider feedback included Pyridium (used to treat pain, burning, urgency, and increased urination caused by urinary tract infections [UTIs]) 100 mg BID x 3 days and Keflex (n antibiotic used to treat various bacterial infections) 500 mg BID for 5 days for suspected UTI. A physician's order dated 1/4/2026 reads start on keflex 500 mg [twice daily] for 5 days,,, start on pyridium 100 mg [twice daily] for 3 days Notify a clinician of any change in condition. Per review of the Resident's January Medication Administration Record, the order for Keflex was not implemented until 1/6/2026 and the Pyridium was documented on 1/6/26 as awaiting pharmacy.Per interview with the Director of Nursing (DON) on 1/21/2026 at 11:04 AM, the facility has had ongoing issues with contracted Pharmacy not providing prescribed medications (See F755). The DON confirmed the above medication errors occurred.Per interview on 2/3/2026 at 2:52 PM the Director of Nursing confirmed that Keflex was not implemented until 1/6/2026 and the Pyridium was not available for administration on 1/6/2026. Drugs@FDA: FDA-Approved Drugs