

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>51189</p> <p>Based on observation, interview and record review, the facility failed to assess Residents for urinary and bowel incontinence on admission to ensure that a resident who is incontinent receives appropriate treatment and services to restore continence to the extent possible for 3 of 4 Residents in the sample (Resident #31, #48, and #105). Findings include:</p> <p>Per record review Resident #105 was admitted in October 2024. A care plan focus and the Resident Kardex indicate that he/she is incontinent, interventions identified include 1 assist with perineal care as needed, multi-void disposable briefs to contain incontinence. Another care plan focus reflects that Resident #105 is incontinent of urine and is unable to cognitively or physically participate in a retraining program due to Dementia. There is no documented evidence of a urinary or bowel continence assessment in the record.</p> <p>Per interview on 10/22/2024 at 2:45 PM a Licensed Nursing Assistant (LNA) stated that on admission, staff were told that Resident #105 was continent of urine however, he/she was not. The LNA stated that staff check the Resident's brief about every two hours and s/he did not know if there was a specific schedule when to do so. The LNA said that he/she would have to check the Resident's care plan to know if there was a schedule.</p> <p>Review of Resident #105's toileting documentation shows several hour gaps, between toileting assistance. Examples of these gaps include 10/18/24, when staff documented that the Resident was toileted at 9:47 AM and then not until 10:11 PM; on 10/20/24, when staff documented that the Resident was toileted at 8:42 AM then not until 7:56 PM; and on 10/22/24 when staff documented that the Resident was toileted at 12:13 AM and then not until 1:23 PM.</p> <p>Per facility Continence Management policy, if the Resident is incontinent upon admission, complete a Urinary Incontinence Evaluation, address the transient causes for incontinence and initiate the Three Day Continence Management Diary.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Per interview with the Unit Manager (UM) on 10/23/2024 at 11:30 am residents are evaluated for bowel and bladder continence on admission using the Nursing V 11 Admission Assessment. During the interview the UM accessed Resident #105's Admission Assessment; the urinary continence evaluation had not been completed. The Admission Assessments for Residents #31 and #48 were also reviewed with the UM revealing that their urinary continence evaluations were also not completed. The UM confirmed that Residents #105, #31, and #48 had not been assessed for continence on admission, and that the facility policy had not been followed.</p>		