| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 475029 | A. Building<br>B. Wing | 11/20/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Center for Living & Rehabilitation | 160 Hospital Drive<br>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 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40258<br><br>Based on observations and staff interview, the facility failed to provide necessary maintenance services to ensure residents have a safe, clean, comfortable, and homelike environment for 6 of 6 resident units. Findings include:<br><br>Per observation on 11/20/24 from 12:10 AM to 12:30 PM, all nursing units (Stark, [NAME], [NAME], Frost, [NAME], and [NAME]) needed multiple functional and cosmetic repairs in several resident rooms.<br><br>* room [ROOM NUMBER]- There was a double electrical outlet receptacle and cover that was broken. One of the top plugs in the receptacle was also broken exposing the electrical wiring. There were two cords plugged into the bottom receptacles. A bulletin board had been removed from the wall and there was a large square of brown paint where the bulletin board had been. There were two pieces of plywood used as a wall covering, both boards were delaminating, exposing splintered wood.<br><br>* Walls in rooms R6, R13, R11, C4, C5, C6, C7, C8, C10, 102, 103, 113, 115, 120, and 126 had unrepaired holes, scratches, peeling wallpaper, or unpainted spackle.<br><br>* Missing baseboard trim in the bathroom of room [ROOM NUMBER] exposing peeling paint and broken sheet rock. Missing baseboard trim was also noted in room [ROOM NUMBER].<br><br>* A wardrobe in room [ROOM NUMBER] had a broken drawer.<br><br>* The cover over the florescent light above the resident's bed in room [ROOM NUMBER] was broken and had been placed against the wall at the foot of the bed. The left side of the bed was against the wall and there were large scratches and missing paint on the wall at the head of the bed.<br><br>* The bathroom in 146 had two broken tiles with missing pieces in front of the toilet creating an infection control concern due to the inability to properly clean the floor.<br><br>* There were signs of leaking at the base of the toilet in room [ROOM NUMBER], presenting as black liquid on the floor that was partially dried. This room was not currently occupied.<br><br>(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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 475029 | A. Building<br>B. Wing | 11/20/2024 |

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| Center for Living & Rehabilitation | 160 Hospital Drive<br>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 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Per interview on 11/20/24 at 3:10 PM, with the facility Administrator some of the repairs needed had been identified through environmental rounds and preventative maintenance. These repairs have not been completed due to residents residing in the rooms and admissions. A walk through of the facility was conducted at this time and the Administrator confirmed the environmental observations listed above. |