STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Center for Living & Rehabilitation	160 Hospital Drive 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice including prevention of complications from the resident's medical condition for 1 of 2 residents in the applicable sample [Resident # 1]. Findings include: Per record review, Res. #1 was admitted to the facility on [DATE] with diagnoses that included diabetic neuropathy [neuropathy is nerve damage that affects the hands and feet, often caused by diabetes or other conditions. Feet and other areas that lack sensation can become injured without the person knowing]. Review of the resident's Care Plan revealed the resident was identified upon admission on [DATE] as having an actual impairment to skin integrity including a right plantar [sole] foot wound. Review of Res.#1's medical record included a 'Clinical Evaluation' dated 12/18/24 which identified the right foot wound as present on admission but now resolved-wound healed and/or closed. Review of 'Skin Checks' for Res.#1 reveal no issues regarding the resident's right foot on 'Skin Checks' dated 12/29/24, 12/31/24, & 1/5/25. An interview was conducted with Res. #1 on 2/3/25 at 12:54 PM. The resident reported that s/he had been admitted to the facility at the beginning of December 2024 and no one removed h/her socks to check h/her feet until December 30th. No one ever touched my feet until [Staff LPN]. Per record review, the first skin documentation of Res. #1's right foot by [Staff LPN] was dated 1/9/25. [The 'Skin Check' dated 1/9/25 only records a 'skin issue' to right plantar foot wound with no further description or assessment]. The resident further stated that due to h/her height, h/her feet had been rubbing against the foot board of the bed since h/her admission on [DATE]. The resident stated s/he reported this to several people including Maintenance personnel but the footboard was not removed from the bed until after the development of the wound on the right foot. An interview was conducted with the facility's Wound Nurse Practitioner [NP] on 2/3/25. The Wound NP stated that s/he received a phone call from Res.#1's daughter on 1/18/25 regarding the footboard on the bed causing skin issues to the resident, and the footboard was removed on 1/18/25 [2 days after the Wound NP's Integrated Wound Care consult]. Review of the Wound NP's Integrated Wound Care notes dated 1/16/25 record Res.#1 is referred for assessment of the right plantar foot ulcer .the right plantar foot ulcer is large, measuring 5 cm [centimeters] x 5 cm and it is a large blister type wound with open edges around the wound. (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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/03/2025
NAME OF PROVIDER OR SUPPLIER Center for Living & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 160 Hospital Drive 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	'Skin Check' notes dated 1/23/25 record Right plantar foot wound-blister has popped. Review of Res.#1's 'Skin Check' dated 1/26/24 reveals an extensive note recording Bottom of right foot [plantar]. Blister. Wound acquired in-house. Wound is new. Signs and symptoms of infection: smell increased. Painful: Yes. Review of Res.#1's Skin Check dated 1/31/25 reveals the bottom of the right foot wound as deteriorating, Signs and symptoms of infection: smell increased. Painful: Yes with the length increasing to 6 cm and the width 5.5 cm. An interview was conducted with the Director of Nursing [DON] on 2/3/25 at 2:40 PM. The DON confirmed Res.#1 was identified as at risk for skin impairment and had existing skin issues upon admission to the facility on [DATE]. The resident's Care Plan on admission included monitor/document location, size and treatment of skin injury. Report abnormalities, failure to heal, signs and symptoms of infections, maceration etc. to [the Physician]. On 12/9/24 the Care Plan was updated to include inspect feet daily for open areas, sores, pressure areas, blisters, edema, or redness. The Care Plan noted that Diabetes is a chronic disease and that compliance is essential to prevent complications of the disease. Identify areas or difficulties in resident diabetic management, modify the problem areas so that it may be more manageable for the resident/family. The DON confirmed that bed footboard issues and skin concerns voiced by Res.#1 and their family were not evaluated or addressed by the facility until after development of a new, acquired in-house wound to Res.#1's right foot, which was assessed as painful and included signs and symptoms of infection. The DON further confirmed that although Nursing noted a 'skin issue' to the right plantar foot wound on 1/9/25, the wound was not assessed by the facility's Wound Nurse Practitioner until 1/16/25, and Res.#1's Care Plan was not revised to include any new interventions to address current skin issues or prevent future issues until 1/17/25, when the right foot 'skin issue' had deteriorated into a a large blister type wound with open edges around the wound.