

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 02/12/2025
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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide necessary maintenance services to ensure residents have a safe, clean, comfortable and homelike environment for 4 of 6 resident units.</p> <p>Findings include:</p> <p>An interview was conducted with the facility's Director of Maintenance [DM] on 2/12/25 at 10:26 AM. The DM reported that the facility utilizes a 'TELS' electronic system [TELS is a software program that facilitates maintenance work orders by allowing users to scan, upload, and access related work orders and repair history]. The DM reported that the facility uses the TELS to identify, report, acknowledge, assign, track, and complete facility maintenance issues and repairs. The DM stated that all staff in the facility have access to system and can access it through a computer or phone, and that all staff, including the DM, received education on using the system in the last month [January 2025].</p> <p>A tour of the facility and interview was conducted with a facility staff member on 2/12/25 at 10:14 AM. Per observation in the facility's Stark & [NAME] units communal shower room, the center shower stall contained an open hole in the shower wall exposing wooden studs and three missing 6-inch by 6-inch square tiles. The handheld showerhead was hanging upside a few inches from the tile shower floor with water running from the shower head at a slow rate. Per observation, an approximate 4-foot by 3-foot puddle of standing water was on the floor on the adjacent shower stall. The floor drain was located approximately 1 foot away and was dry, with no water was draining into it.</p> <p>Further observations were conducted with the staff member in the Frost & [NAME] units communal shower room at 10:20 AM. Per observation, a shower stall contained approximately 3-foot-long sections of missing grout along 2 of the shower floors where the floor abuts the wall. The shower room contained a toilet with a sign posted above it reading Out of Order. The toilet contained standing water and large amount of wadded toilet paper. The staff member stated that the toilet did not flush but was still being used. The staff member stated that the environmental issues in both the Stark [NAME] and Frost [NAME] communal shower rooms had existed for approximately 6 months and had been reported to Maintenance but nothing had been done.</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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(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 - Some</p>	<p>A tour of the facility was conducted with the facility's Director of Maintenance [DM] on 2/12/25 at 10:55 AM. While standing in the facility's Stark/[NAME] communal shower room, the DM confirmed the issues involving the open hole with missing tiles in the center shower stall, the leaking showerhead, and the standing water not draining in the adjacent shower stall. The DM confirmed both shower stalls were actively in use by residents. The DM confirmed that the issues had existed for months but had not been entered into the TELS maintenance tracking system, so there was no documentation regarding how long the issues existed, if maintenance was aware of them, if they had been assigned, and if any attempt had been made to address and/or repair them.</p> <p>Further observations were conducted with the Director of Maintenance [DM] in the Frost/[NAME] communal shower room. The DM confirmed a shower stall contained approximately 3-foot-long sections of missing grout along 2 of the shower floors where the floor abuts the wall. The DM also confirmed the shower room toilet had a sign posted above it reading Out of Order and that the toilet contained standing water and large amount of wadded toilet paper. The DM stated that the toilet in fact did flush and the maintenance department was waiting for a new valve. The DM then attempted to demonstrate that the toilet was functional but the toilet did not flush, no water drained, and the water and the material in the toilet remained. The DM confirmed that the issues in the Frost/[NAME] communal shower room had existed for a while but also had not been entered into the TELS maintenance tracking system, so there was no information regarding how long the issues existed, if they had been assigned, and if any attempt had been made to address and/or repair them.</p> <p>Per interview with the facility's Director of Maintenance [DM] on 2/12/25 at 10:55 AM, the DM reported the facility used the TELS system as a standardized checklist for routine inspections to ensure that repairs are completed on time and that deficiencies are prevented. The DM confirmed that issues in Stark & [NAME] units communal shower room had existed for months and issues in the Frost & [NAME] units communal shower room had existed for a while with no documented plan to address the issues. The DM confirmed that despite the placement of the TELS system and maintenance staff being educated on its use, the maintenance department did not implement the system to identify, report, acknowledge, assign, track, and complete necessary facility maintenance issues and repairs.</p>		