STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475029	A. Building B. Wing	08/28/2025

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interview and record review the facility failed to ensure that one of three residents in the applicable sample, (Resident #1) were free from accidents and hazards, causing the Resident to sustain a skin tear. Per record review on 7/4/2025 Resident #1 was found by staff in bed with a large skin tear on her/his right lower leg. Resident #1 had a care plan focus of ADL (activities of daily living) self-care deficit with a transfer status of 2 staff assist that was implemented on 10/20/2024. Per review of the facility's internal investigation, it states that Resident #1 was care planned for a 2 person stand pivot transfer to all surfaces and for Dermasaver skin tubes (used to protect skin from injury) to always be on when out of bed. The Dermasavers are to be removed only when s/he has been safely transferred back into bed. The investigation further states that Resident #1 had been out of bed in their wheelchair for dinner and was assisted with her/his meal by a nurse. The next time Resident #1 was observed was back in bed by their primary Licensed Nursing Assistant (LNA) when the skin tear was discovered. Per review of staff statements obtained by the facility during the internal investigation the LNA who was assigned to Resident #1's care stated that she had transferred the Resident out of bed to chair for dinner by herself but did not transfer the Resident back to bed. Per interview on 8/27/2025 at 4:10 PM the Director of Nursing confirmed that a staff member had transferred Resident #1 independently and that the Resident had been care planned for 2-assist with transfers. It had been determined through the facility's internal investigation that the skin tear occurred during this transfer.

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