

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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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 07/13/2026
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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure an environment free from accident hazards and failed to provide adequate supervision to prevent avoidable accidents for 1 of 3 sampled residents (Resident #1). For Resident #1, who was at high risk for falls and required supervision while walking, staff failed to implement person-centered care plan interventions after multiple falls, ensure the resident was care planned for adequate supervision, and ensure staff assigned to care for residents in those rooms had the ability to provide the required supervision. On 6/30/26, Resident #1 experienced an unwitnessed fall and was found on the floor unresponsive and passed away on 7/01/26 from injuries sustained from the fall. These were systemic failures in supervision, care planning, and addressing repeated falls. Findings Include: Per record review, Resident #1 was admitted to the facility on [DATE] with diagnoses of Cerebral Infarction (commonly known as an ischemic stroke), Diplopia (a medical term for double vision, a condition where a person sees two overlapping or separated images of a single object), chronic kidney disease, subarachnoid hemorrhage (a bleeding into the subarachnoid space), and sequelae cerebral hemorrhage (refers to the lingering physical, cognitive, or psychological deficits that remain after a person has experienced bleeding inside the brain). Per record review Resident #1 had 10 falls since 2/27/26. 9 were unwitnessed. Resident #1's care plan created on 1/24/25 stated they are at risk for falls related to confusion, deconditioning, gait/balance problems, incontinence, vision/hearing problems and disease process secondary to diabetes, dementia, cerebral vascular accident, hypertension (high blood pressure) and seizures. S/he focuses on toileting/using the bathroom when restless and overestimates his/her abilities. The goal of the fall care plan that was in place in February 2026 was Resident #1 will not sustain serious injury through the review date. The Interventions in place prior to Resident #1 falling on 02/27/26 were: Anticipate and meet Resident #1's needs. Be sure Resident #1's call light is within reach and encourage the resident to use it for assistance as needed. The residents needs prompt response to all requests for assistance. Don't leave alone in the bathroom with the door closed. Encourage the resident to participate in activities that promote exercise, physical activity for strengthening and improved mobility. Grips Strips left side of Bed and front of bathroom door. Monitor for s/s illness, change in mental status, and/or dizziness. Toilet [Resident #1] before and after each meal and at hours of sleep (HS). [Resident #1] needs to be reminded to use call bell help for help prior to getting out of their chair/bed--offer reminders and encouragement to ask for assistance; Will continue to remind [Resident #1] the importance of calling for help during transfers to improve safety. Resident #1 was care planned for monitoring and falls in their side-effects of pain medication focused care plan: Monitor/document for side effects of pain medication. Observe for constipation; new onset or increased agitation, restlessness, confusion, hallucinations, dysphoria; nausea; vomiting; dizziness (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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