

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475027	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/20/2022
NAME OF PROVIDER OR SUPPLIER Bennington Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2 Blackberry Lane 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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40258</p> <p>Based on staff interview and record review the facility failed to develop and implement a comprehensive care plan related to the elimination needs of a resident with an identified history and risk of constipation for 1 of 3 residents in the applicable sample (Resident #1). Findings include:</p> <p>Per record review resident #1 was admitted to the facility on [DATE] for post-surgical care of a left hip fracture with surgical repair. The resident's diagnoses include left femur fracture, cerebral palsy, reduced mobility, and constipation. A physician order dated 12/18/2021 states Admit to [facility] using [hospital] D/C [discharge] Summary orders for admission orders to [facility] with House Standing orders including House Bowel Regime.</p> <p>Review of December 2021 Licensed Nursing Assistant Flowsheets and Nurse Progress Notes there is no record of Resident #1 having a bowel movement from admission on 12/18/2021 - 12/29/2021. The December 2021 medication administration record (MAR) does not reflect any documentation of bowel management, including nursing or medical intervention related to constipation until 12/29/2021.</p> <p>Facility standing orders are as follows:</p> <ul style="list-style-type: none"> * If no bowel movement in three days, give milk of magnesia (MOM) 30ml PO (by mouth) x one dose at bedtime * If no bowel movement within the next shift, give Dulcolax suppository PR (per rectum) x one * If no bowel movement within two hours, give Fleet enema * If no results from Fleet enema, call physician/advanced practice provider for further orders <p>On 12/29/2021 at 5:51 PM Resident #1 received Magnesium Hydroxide Suspension (MOM) 30 ml by mouth as needed for Constipation Once daily for no BM (bowel movement), then at 8:02 PM s/he received a Fleet Enema. At 10:17 PM a nurse documented that the MOM and enema were effective.</p> <p>On 12/30/2021 at 12:18 AM Resident #1 received a Dulcolax Suppository with no results and at 2:13 PM s/he received a Fleets enema. At 2:48 PM nursing documented that they were ineffective.</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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A skilled nursing note dated 12/31/2021 at 2:53 PM states Pain/Interventions: C/O abdominal pain this shift; given scheduled MiraLAX per order for constipation Abdominal Evaluation/Bowels/Continence: Abdomen soft but tender to palpation; C/O abdominal pain and nausea; given ginger ale and saltines; attempted to eat chicken noodle soup and lunch and didn't feel well enough to finish it; drinking well; continent of bowel and bladder; no BM today but had large BM this AM in ER. New Orders/Teaching: No new orders. Other Information: Resident arrived at facility this AM at 0730 from SVMC ER [local hospital emergency room] after receiving Lactulose and soap suds enema with large results in the ER; stated his stomach felt better on re-admission.</p> <p>Per MDS (minimum data set, a standardized comprehensive assessment of all residents in a Medicare or Medicaid certified facility) dated 12/27/2021 Section H: Bowel and Bladder does reflect that constipation was present during the assessment reference date (ARD) of 12/24/2021. The residents care plan was not updated upon return from the hospital on 12/31/2021 to reflect risks, complications, or interventions related to constipation.</p> <p>Per interview with a Registered nurse on 1/20/2022 at 6:00 PM, nurses track resident bowel movements and follow the facility bowel protocol when needed. When residents have not had a bowel movement they are added to the list and tracked in the electronic medical record, triggering when intervention is required. It is the responsibility of the nurse to check if as needed bowel medications are needed.</p> <p>During interview on 12/20/2021 at approximately 6:30 PM the Registered Nurse Supervisor confirmed that there was no documented evidence that Resident #1 had a bowel movement from 12/18 - 12/29/2021. S/he also stated that s/he doesn't know why the nurses did not document any intervention related to bowel management for Resident #1.</p>		