

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 03/05/2020
NAME OF PROVIDER OF SUPPLIER SVHC CENTERS FOR LIVING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review the facility failed to ensure that adequate supervision was provided to one resident that had a history of [REDACTED].#1. Findings include: During review of the medical records, it was found that Resident #1 has a care plan that was initiated on 10/24/19 that presents s/he has a behavior problem yelling, disrobing and resisting care with intervention to, Watch for unwanted behaviors such as physical, verbal, or sexual in nature. On 11/3/19 Resident #1 struck their spouse and on 11/30/19 the Primary Care Provider (PCP) documented that Resident #1 yells at staff and makes threats to harm them. It is also documented that Resident #1 had been observed trying to 'stab a staff member with a butter knife'. Further documentation for 12/7/19 presents that on 12/7/19, Resident #1 was observed to continually run his/her wheelchair into another resident's shins, even after the other resident yelled out. Resident #1 was on 15 minute checks at the time of the incident, and there was no direct supervision at this time. On 12/11/19, Resident #1 reached out and grabbed a hold of another resident's wrist and began to shake this resident and later in the day, suddenly struck a staff member in the face. On 12/12/19 he was wandering, via self-propelled wheelchair, in and out of other resident rooms. On 12/14/19 the nurse was sitting at the nurse station and heard a commotion in the Common Area and the nurse witnessed Resident #1 swinging his fists at another resident and they called out loudly hey, don't hit me as he was attempting to back away from Resident #1. The only other employee in the vicinity was a dietary aide that had recently redirected Resident #1 from entering the dining service area. Resident #1 had escalating behaviors in the week prior to the incident, and the intervention was the 15 minute checks, which were not effective in preventing his/her behaviors toward other residents.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.