VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
www.dlp.vermont.gov

[phone] 802-241-0344
[fax] 802-241-0343

AGENCY OF HUMAN SERVICES

April 13, 2026

Ms. Tabitha Davis-Barron, Administrator
Bennington Health & Rehab
2 Blackberry Lane
Bennington, VT 05201

Provider ID #: 475027

Dear Ms. Davis-Barron:

Enclosed is a copy of your acceptable plans of correction for the revisit survey conducted on **April 6, 2026.** Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M Cota RN
Pamela M. Cota, RN, BS
Assistant Division Director
State Survey Agency Director

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475027	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bennington Health & Rehab	**2 Blackberry Lane , Bennington, Vermont, 05201**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite revisit survey at the facility on 4/6/26 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The revisit was for the survey dated 12/10/25. The following regulatory violation was identified:	F0000	The filing of this plan of correction does not constitute any admissions as to any of the alleged violations set forth in this statement of deficiencies. The plan of correction is being filed as evidence of the facility's continued compliance with all applicable laws and the facility's desire to continue to provide quality services.	
F0812 SS = F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observations, interviews, and policy reviews, the facility failed to store food in accordance with professional standards for food service safety. This deficiency has the potential to impact all residents in the facility. This is a repeat deficiency for this facility, with the violation cited during a previous	F0812	1.The cottage cheese, sour cream and potatoes were immediately discarded 2.Any resident who consumes food prepared by the kitchen has the ability to be affected by this alleged deficient practice. An audit of all food storage areas was completed. Any outdated or unlabeled items were discarded. 3.Dietary staff were educated on the Labeling and dating policy as well as the first in first out process to ensure that items that are past use date are discarded. 4.An audit of all food storage areas which shall include a walk through with the dietary manager and administrator to ensure all items are dated and any dated for that day or prior will be thrown out. This will be completed weekly x4 weeks beginning on 4/17/2026. Then Monthly x 3 months or until substantial compliance has been achieved. Results of audits will be reviewed at QAPI 5.The administrator will be responsible for this plan of correction **Tag F0812 POC accepted on 4/13/26 by S. Davies/S. Stem**	4/10/26

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 reverse for further 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
LNHA	Administrator	4/10/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475027	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bennington Health & Rehab	**2 Blackberry Lane , Bennington, Vermont, 05201**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0812 SS = F	Continued from page 1 survey dated 12/10/25. Findings include: During the Kitchen tour on 4/6/26 at 12:05 PM, the refrigerator contained a 5-lb container of sour cream, opened on 3/18/26, with a manufacturer's best-by date of 4/1/26. There was also a 5-lb container of low-fat cottage cheese with a manufacturer's best-by date of 3/27/26. The Dietary Manager confirmed that both items were outdated and should be thrown away. Review of produce located in the kitchen area revealed Idaho and Red potatoes in four different 50-lb boxes, with no arrival or expiration dates. One box of Idaho potatoes was observed to contain white sprouts at varying stages of growth, some with wrinkled skin, and several potatoes that felt soft or mushy to the touch, indicating they were spoiled. The Chef confirmed that the items lacked a date and that the box of Idaho potatoes should be thrown away. Per review of a facility policy "Date Marking" (dated 4/29/2020), states "Date Marking systems are in place to reduce foodborne illness caused by, Listeria monocytogenes (a type of disease-causing bacteria which can have mild symptoms such as fever, muscle aches, nausea, vomiting, and diarrhea or more severe symptoms may include headache, stiff neck, confusion, loss of balance, and convulsions, FDA 1/16/25), a pathogen that continues to grow in refrigerated temperatures." The policy continues to state, "Foods will be date marked with the name of the product, the date of production or opening. Refer to Quick Reference List (reference list of shelf lives of products) for discard date." Per the interview on 4/6/26 1:00 PM, the Dietary Manager confirmed that the practice and facility policy require that items in storage be labeled and dated, whether located in the main Kitchen or the unit Kitchenettes. Reference https://www.fda.gov/food/foodborne-pathogens/listeria-listeriosis	F0812		