VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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AGENCY OF HUMAN SERVICES

May 7, 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 Life Safety Code survey conducted on **April 14, 2026**. Please post this document in a prominent place in your facility.

We will 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,

tammy wehmeyer

Tammy Wehmeyer
Administrative Services Manager

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475027	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING	(X3) DATE SURVEY COMPLETED 04/14/2026

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
K0000	INITIAL COMMENTS The Division of Fire Safety completed an unannounced onsite Life Safety Code inspection on 4/14/26. Entry and exit interviews were conducted with the Maintenance Director and the Administrator. The following violations were identified.	K0000	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.	
K0363 SS = D Bldg. 01	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485	K0363	1.Doors were sealed using astragal until a quote can be obtained to have doors to rooms 207, 307, and 320 replaced. 2.Any resident residing in a resident room with a door that does not properly fit and resist the passage of smoke has the potential to be affected by this alleged deficient practice. An audit was completed of all residents' rooms to ensure that doors are properly fitting and resist the passage of smoke as required by regulation. 3.The Maintenance Director was educated on NFPA 101 and ensuring that doors are properly fitting and resisting the passage of smoke. 4.Random audits will be conducted weekly x 4 weeks and then monthly x3 months by the maintenance director (or designee) starting on 5/8/26, to ensure all resident doors meet NFPA 101 standards by properly fitting and resisting the passage of smoke. These will continue until substantial compliance has been achieved. Results will be discussed at QAPI. 5.The administrator will be responsible for this plan of correction. **Tag K0363 POC accepted on 5/7/26 by P. Cerutti/T. Wehmeyer**	5/1/26

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
[signature]	Administrator	4/27/26

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K0363 SS = D Bldg. 01	Continued from page 1 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This STANDARD is NOT MET as evidenced by: Per observation on 4/14/26, accompanied by the Maintenance Director, the facility failed to ensure that doors are properly fit and resist the passage of smoke as required by regulation. Findings include the following: Inspection of the facility's corridor doors on the second and third floors revealed Dutch doors 207, 307, and 320 are worn out and do not operate properly, nor do they fit the opening and would allow smoke to pass through into the corridor.	K0363		