VERMONT

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

June 2, 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 complaint investigation conducted on **May 11, 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 05/11/2026

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 investigation of 1 complaint, report #2971480, on 5/11/26 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory deficiency 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.	
F0580 SS = D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-	F0580	1. Resident #1 suffered no negative effect from this alleged deficient practice, and their emergency contact was notified later that morning of being sent out on an emergency transfer. 2. Any resident who gets transferred out as part of an emergency transfer and has a family representative has the ability to be affected by this alleged deficient practice. An audit will be completed over the last 14 days to ensure a family representative was notified if a resident had an emergency transfer and has a family representative. 3. The facility will educate licensed nurses regarding notifying the resident's family representative when there is an emergency transfer. 4. Audits will be completed of residents who have had an emergency transfer and to ensure the resident's family representative was notified, if applicable. These will be done weekly x 4 weeks starting on 6/5/26 and then monthly x3 months or until substantial compliance is achieved. The results of these audits will be discussed at QAPI. 5. The DNS will be responsible for this POC. **Tag F0580 POC accepted on 6/2/26 by G. Prefontaine/S. Stem**	5/29/26

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
	Administrator	5/28/26

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 05/11/2026

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F0580 SS = D	Continued from page 1 (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to notify a resident's family member at the time of an emergency transfer for 1 of 4 residents (Resident #1). Findings include: Per record review, Resident #1 was transferred to the hospital on 3/30/26. A provider's progress note states "Orders: Transfer to Emergency Department Date Signed: 03/30/2026 2:08 AM." There was no evidence that the resident's emergency contact was notified immediately at the time of Resident #1's transfer to the hospital. Per interview with Resident #1's family member and emergency contact on 4/21/26 at 3:36 PM, they stated that the facility did not call him/her and that they found out from the hospital that Resident #1 had been admitted. Per interview with the Director of Nursing (DON) on 5/11/26 at 4:52 PM, she confirmed that best practice it to document communication with the family. She was unable to provide evidence that the resident's family member was notified immediately after transfer to the hospital.	F0580		