VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
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AGENCY OF HUMAN SERVICES

September 11, 2026

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

Provider ID #: 475027

RE: Complaint Survey Findings - Past Non-Compliance

Dear Ms. Davis-Barron:

On **August 31, 2026**, the Division of Licensing and Protection, completed a complaint investigation at Bennington Health & Rehab. As a result of that investigation, the Division determined that at a point in time prior to the date of our visit you were not in substantial compliance with the federal regulations applicable to long-term care facilities.

Statement of Deficiencies Form CMS 2567

Enclosed is a statement of deficiency generated as a result of the investigation. All references to regulatory requirements in the enclosure and in this letter are found in Title 42, Code of Federal Regulations. As the cited deficiency was corrected at the time of our visit, no plan of correction is required. Please **sign page 1 and return a signed copy of the 2567 to this office.**

Informal Dispute Resolution (IDR) Opportunity

In accordance with 42 CFR §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, including an explanation of why you are disputing those deficiencies, to Pamela Cota, RN, at the Division of Licensing and Protection. Contact information is listed below. Please include if you would prefer a virtual meeting or prefer to submit information in writing for review. This request must be sent during the same ten days you have for submitting your plan of correction. You must still submit a plan of correction for all deficiencies, including those you are disputing, by the due date. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. Please note that the following are not allowable disputes in the IDR process: scope and severity of deficiencies, unless they are immediate jeopardy level or constitute substandard quality of care; remedies imposed by CMS; survey process or inconsistency issues; or concerns about the IDR process.

A facility cannot use the IDR process to claim past noncompliance.

Email (preferred): Pamela.Cota@vermont.gov
Mailing address: Division of Licensing and Protection, attn Pamela Cota
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060

Phone: (802) 241-0480

Sincerely,



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 08/31/2026

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 2 facility reported incidents, including reports #3047003 and 3123423 on 8/31/26 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory deficiency was identified:	F0000		
F0609 SS = E	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility	F0609	"Past Noncompliance - no plan of correction required"	

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

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F0609 SS = E	Continued from page 1 failed to ensure that an allegation of staff to resident physical abuse for 1 of 3 residents in the applicable sample (Resident #1), and staff to resident sexual abuse for 1 of 3 residents in the applicable sample (Resident #2) was reported to the Administrator of the facility and the state agency within the required timeframe. Findings include: 1.) Per review of the facility abuse reporting form that was submitted to the state agency on 6/16/2026 an alleged incident of staff to resident abuse occurred on 6/16/2026 at 3:00 AM. Facility administration had not been made aware of the allegation until 6/16/2026 at 5:15 PM, after Resident #1 reported to the facility Scheduler at 5:00 PM that a Licensed Nursing Assistant (LNA) had "hit [him/her] on the side of the head at the nurse's station, when asked when [s/he] stated "early this morning"." Per interview on 8/31/2026 at 1:15 PM, with LNA #2 she stated that she had witnessed LNA #1 hit Resident #1 on the left side of his/her head. LNA #2 stated that the Nurse who was there quickly defused the situation. She did not know if the nurse reported it, but LNA #1 continued to work that shift. Per facility policy titled Abuse-VT effective date 3/1/2024, page 3 of 5 "Reporting Mechanisms:Facility In-House Reporting: Whenever there is a witnessed, suspected, or alleged abusive action involving a resident, as defined above, the following is initiated: The staff member who hears an allegation of abuse, or suspects or witnesses abuse will report immediately to their supervisor. [NOTE: If the allegation involves the employee's immediate Supervisor, then the employee shall take the allegation to the next higher Supervisory level.] The Administrator or on-call designee and Director of Nursing Services [DNS] are to be notified immediately." Per interview with the facility Administrator on 8/31/2026 at 11:15 AM she confirmed that LNA #2 had stated she witnessed LNA #1 hit Resident #1 at the nurse's station on 6/16/2026 and that she had not immediately reported it, per facility policy and regulatory requirements. 2. Per review of the facility Abuse Reporting form submitted to the state agency on 8/3/2026, an LNA reported that she witnessed a Nursing Supervisor engaged in a sexual act with Resident #2. The form states that the LNA stated it happened on the night shift, but she was not sure of the time. The reporting form also states that the	F0609		

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	475027	A. BUILDING B. WING	08/31/2026

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F0609 SS = E	Continued from page 2 Administrator was notified at 10:30 AM. Per interview with the facility Administrator on 8/31/2026 at approximately 3:00 PM the LNA who witnessed the alleged sexual abuse had stated that she had not reported the incident because the alleged abuser was her immediate Supervisor. She waited until another Supervisor arrived and informed them. The Administrator confirmed that the alleged abuse had not been reported per regulatory requirements and facility policy. Based on corrective actions completed on 8/11/2026 prior to the onsite, this citation is designated as past non-compliance with the compliance date of 8/11/2026. The following actions were completed by the facility:Once aware, the Administrator reported both incidents to the Licensing Agency, local law enforcement, and the Office of Professional Regulation. All staff were educated on the facility abuse policy with a focus on immediate reporting abuse allegations to the Administrator or Director of Nursing. An audit of facility incident reports, 24-hour reports, and nurses notes was conducted and will continue to be conducted at designated intervals. The results of the audits are reported and evaluated during the quality assurance, performance improvement quarterly meetings.	F0609		