

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/24/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/26/2016
NAME OF PROVIDER OR SUPPLIER VERMONT VETERANS' HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 325 NORTH STREET BENNINGTON, VT 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	
F 000	INITIAL COMMENTS An unannounced on-site complaint investigation for six entity reports was conducted by the Division of Licensing and Protection on 1/25 and 1/26/16. There were regulatory findings.	F 000			
F9999	FINAL OBSERVATIONS 10.6 Regular In-Service Education (a) Performance reviews. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. This requirement is NOT MET as evidenced by: Based on staff interviews and record review, the facility failed to complete performance reviews at least every 12 months for 4 of 8 nurse aide records reviewed. Findings include: Review of 8 employee records on 1/25/16, presented that one of the Licensed Nursing Assistants (LNA) had their last performance evaluation completed on 4/28/14. This was confirmed by the Director of Nursing (DON) on 1/25/16 at 12:56 PM. As part of the investigation, a request made for three further LNA files on 1/26/16. Review of the three LNA files presented that one LNA last had their annual performance evaluation completed 9/20/2011, one of the three had their last evaluation on 11/2/2013 and the third was completed on 4/27/2014. The DON confirmed at 12:56 PM that s/he could not locate the annual performance evaluations and could not show that they had been completed.	F9999	Please see attached.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Melissa Jackson, BSW, LNAH

CEO

02/26/2016

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.

The filing of this plan of correction does not constitute an admission of guilt. Vermont Veterans Home ("the Provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements.

F9999 Regular In-service Education

The four employees who did not have Performance Evaluations completed within the last year had the evaluations done on January 27, 2016.

At this time the facility Human Resource Director maintains an excel spreadsheet with every employees last evaluation date. This list is reviewed monthly by the administrator and each department head is notified of each employee due for their Performance Evaluation.

At this time all performance evaluations have been completed and are current.

When the Department Head completes the Performance Evaluation it is discussed with the employee then forwarded to the administrator to ensure the spreadsheet is revised with the current dates.

Department heads were educated to the Performance Evaluation process on January 28, 2016.

The administrator audits all Performance Evaluations for completion and ensures the spreadsheet is revised on a monthly basis.

Data from the audits are brought to the QAPI meeting every other month for six months or until the committee determines resolution.

The administrator is ultimately responsible to ensure that employee Performance Evaluations are completed annually.

Completion Date: February 29, 2016

F9999 POC accepted 3/30/16 PincotARN