

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

November 4, 2014

Ms. Melissa Jackson, Administrator  
Vermont Veterans' Home  
325 North Street  
Bennington, VT 05201-5014

Dear Ms. Jackson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 1, 2014**. 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  
Licensing Chief

PRINTED: 10/22/2014  
FORM APPROVED  
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475032</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/01/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VERMONT VETERANS' HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>325 NORTH STREET BENNINGTON, VT 05201</b>
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(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)	(X6) COMPLETION DATE
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F 000

INITIAL COMMENTS

F 000

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.

F 309  
SS=D

**483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING**

Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

F 309

F309 Provide Care and Services for Highest Well Being.

Resident #10 had Uric Acid levels discontinued on October 1, 2014 and Tegratol level drawn on October 2, 2014. Result was reviewed by provider.

All residents lab orders were audited to ensure that they were drawn and follow up to results occurred as warranted.

The Assistant Director of Nurses or designee will conduct random audits of the resident's labs to ensure that they are drawn as ordered and that follow up occurred as warranted.

In addition to the present system for lab ordering, the facility now places ordered labs on the neighborhood calendars to prompt nursing staff to ensure that the lab is drawn and results are followed up on.

Nursing staff have begun to be educated on the Lab orders on October 2, 2014.

Data from the audits will be brought to the QAPI meeting every two months or until the committee determines resolution.

The Director of Nurses is ultimately responsible to ensure that resident's labs are conducted as ordered.

Compliance Date: November 3, 2014

*F309 POC accepted 11/3/14 Rivenbly RN/Prnc*

This REQUIREMENT is not met as evidenced by:  
Based on interview and record review, the facility failed to follow the physician's order for labs for 1 of 24 residents in the stage 2 sample, Resident #10.

Resident #10 had a diagnosis of seizure disorder and was receiving carbamazepine 200 mg twice a day. There were orders for lab work to be done for Tegretol level every June and December and for uric acid level every 2 months. Per interview on 10/1/2014 at 8:00 AM, RN stated that the labs were drawn by an outside facility (dialysis unit) and that she would call to get the results. After calling the other facility, the RN stated that the facility did not draw these specific labs. During an interview on 10/1/2014 at 9:45 AM, the CCU manger confirmed that the June Tegretol level

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Melissa A. Jackson BSW RNHA</i>	TITLE <b>CEO</b>	(X6) DATE <b>10/27/14</b>
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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.



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F 371 Continued From page 2  
3. The sanitizer in the pot sink was at 100 ppm (parts per million) instead of 200 ppm. The dietary aide stated that there was a leak in the sink and he had added water to the sink without adding more sanitizer or testing the concentration.

F 428 483.60(c) DRUG REGIMEN REVIEW, REPORT SS=D IRREGULAR, ACT ON

The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.

The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.

This REQUIREMENT is not met as evidenced by:

Based on record review and interview, the pharmacist failed to notify the facility of labs not being drawn for 1 of 24 residents in the stage 2 sample, Resident #10.

Resident #10 had a physician's order for Tegretol level to be drawn in June and December. The last Tegretol level was drawn on 1/2/14. As of 10/1/14, the June level had not been drawn.

There was also an order for uric acid level to be drawn every 2 months. There were no record of a uric acid level being drawn in the medical record.

On 10/1/14 at 8 am, the RN called the other

F 371

F 428

F428 Drug Regimen Review, Report Irregularities.

Resident #10 had Uric Acid levels discontinued on October 1, 2014 and Tegretol level drawn on October 2, 2014. Result was reviewed by provider.

All residents lab orders were audited to ensure that they were drawn and follow up to results occurred as warranted.

The Assistant Director of Nurses or designee will conduct random audits of the resident's labs to ensure that they are drawn as ordered and that follow up occurred as warranted.

In addition to the present system for lab ordering, the facility now places ordered labs on the neighborhood calendars to prompt nursing staff to ensure that the lab is drawn and results are followed up on. Also, the consulting pharmacist has been auditing all labs during evaluation of residents to ensure that recommendations are made for labs as warranted.

Nursing staff have begun to be educated on the Lab orders on October 2, 2014.

Data from the audits will be brought to the QAPI meeting every two months or until the committee determines resolution.

The Director of Nurses is ultimately responsible to ensure that pharmacy reviews occur monthly and that follow up is conducted accordingly.

Compliance Date: November 3, 2014.

*F428 ROC accepted 11/3/14 R5vemblyzn/rn/lpmc*

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F 428	Continued From page 3 facility (dialysis unit) for the results of these two tests. The RN confirmed that the other facility had not done these labs. An RN at 10 AM called the contracted lab and determined that the uric acid level had not been drawn since 2010 and the last Tegretol level was done on 1/2/14.  At 10:15 AM, an RN reviewed the Proof of RPH (Pharmacist) Reviews for March - September, 2014. The Pharmacist did not identify that these labs had not been drawn.	F 428		