

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

August 20, 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 **July 15, 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

PC:jl



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

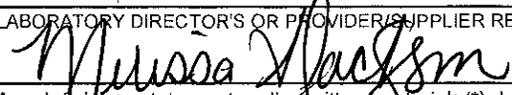
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PRINTED: 07/30/2014
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475032 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ Licensing and Protection B. WING _____ | (X3) DATE SURVEY COMPLETED C 07/15/2014 |
|--|---|--|---|

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|---|---|
| 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 | 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 223 SS=D | 483.13(b), 483.13(c)(1)(i) FREE FROM ABUSE/INVOLUNTARY SECLUSION The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion. The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to ensure 1 resident of 5 residents sampled [Resident #1] remained free from verbal abuse. Findings include: Per record review, Resident #1 is a long term care resident at the facility whose diagnoses include multiple sclerosis, severe deconditioning, muscle weakness, contracture of joints, neurogenic bladder, depression, and paralysis. Per record review of the facility's Incident and Accident Report, on 3/21/14 at approx. 11:30 A.M. 2 LNAs [Licensed Nursing Assistants] were in Resident #1's room with the resident. Per the facility's investigation of the incident, LNA #2 reported "[LNA #1] and myself went into [Resident #1's] room to get [h/her] ready for transport pick up. [Res. #1] was very upset because [s/he] was | F 223 | F223 Free From Abuse/Involuntary Seclusion Resident #1 is at baseline function at this time. He has had no changes in daily routine since the incident on 3/21/14. Since the occurrence, the Social Workers for this resident has documented numerous entries in this resident's record regarding mood and behavior being at baseline with no changes in his routine. Review of the MDS PHQ-9 interview scores reveal that assessments completed on 4/16 and 5/12 scored zero in this area. This is consistent with previous assessments for the year where all scored a zero on the PHQ-9. The facility continues to conduct Background Checks, Registry Checks and Reference Checks for every employee upon hire and continues to provide employees quarterly education on Abuse, Mistreatment and Neglect. LNA #1 was removed from resident care immediately; she was suspended and has been allowed back to work after having had 1:1 education provided to her on abuse and sensitivity training. She is subsequently working on a different unit. Staff will be re- educated on the Abuse Policy beginning on (add | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
 **CEO** **8/4/14**

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 223 | <p>Continued From page 1</p> <p>in pain...[LNA #1] at that point told [Res. #1] that if [s/he] wasn't happy here [s/he] should go be with [h/her] father [who is dead]." LNA #2 reported this to the charge nurse, who per the Internal Investigation reported "[LNA #1] said something so hurtful about [h/her] father that [s/he] was so upset".</p> <p>Per record review, Social Service notes for 3/21/14 record "Interviewed [Res. #1] in [h/her] room. [Res. #1] told me that an LNA made a derogatory remark about [h/her] father and [Res. #1]...[s/he] definitely felt [s/he] was maligned... [s/he] said that now, some hours later, [s/he] continues to think about the incident off and on..."</p> <p>Per interview with Resident #1 on 7/14 & 7/15/2014, the resident was able to recall the incident from approx. 4 months prior. The resident stated LNA #1's comments regarding the resident and [h/her] father "killed me...it hurt". Resident #1 also reported, regarding the comment "it never leaves my mind".</p> <p>Per interview with the facility's Administrator on 7/15/14, the Administrator confirmed the LNA's comment to Resident #1 and the resident's reaction to the comment demonstrated verbal abuse toward the resident.</p> | F 223 | <p>date) this is an ongoing education program.</p> <p>The Administrator will conduct random audits of education and new hire employees to ensure that they have had education on Abuse and that background checks, registry checks and reference checks have been completed.</p> <p>The facility has a zero tolerance policy on Abuse and will pursue discipline for any individual who is not cleared from the abuse allegation at the conclusion of the investigations.</p> <p>Data from the audits will be brought to the QAPI meeting every other month for six months or until the committee determines resolution.</p> <p>The Administrator is ultimately responsible to ensure that Residents are free from abuse.</p> <p>The facility is filing an IDR for this deficiency</p> <p>Compliance Date: August 11, 2014</p> <p><i>F223 POC accepted 8/19/14 TDougherty RN / PNC</i></p> | | |