

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

September 13, 2012

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 on-site revisit survey conducted on **September 5, 2012**. 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED 09/05/2012
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 revisit survey was conducted by the Division of Licensing and Protection on 09/04/12 though 09/05/12. Complaint and entity-reported incident investigations were conducted concurrently. The following deficiencies were identified.	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 157 SS-D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update	F 157	F 157 Resident #1 physician was notified of the pressure ulcer on 6/18/12. No new orders were given. The current treatment plan is as follows: Vitamin E oil, telfa gauze wrap to (R) ankle daily. Whirlpool to (R) calf daily x 5 days. TC cream 0.1% to (R) calf 3 x q week. compression stockings daily. The residents care plan was revised as warranted. All resident's skin checks were audited and any newly identified skin issue was reported to the physician and treatment orders were obtained and the care plan revised as warranted. The Assistant Director of Nurses or designee will conduct random audits of skin checks weekly and ensure that the physician was notified of the wound and treatment orders obtained. The care plans well be revised as warranted. Nursing staff will be educated on physician notification beginning on September 11, 2012 and it will be ongoing.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Melissa Jackson BSW LHA* TITLE: *Administrator* (X6) DATE: *9/10/12*

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 30 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.

PMC

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F 157	<p>Continued From page 1</p> <p>the address and phone number of the resident's legal representative or interested family member</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to consult with the physician regarding a change in health status for one resident. This affected one (Resident #1) of 14 sampled residents. Findings include:</p> <p>1. Per record review on 09/04/12 at 11:20 A.M., Resident #1 had a change in condition documented on 06/08/12 that necessitated notification of the physician and required the Resident to receive wound care. The SBAR (situation, background, assessment, reporting) form dated 06/08/12 shows that the nurse attempted to reach the physician twice without success and applied a dressing according to the standing orders. There is no evidence that the physician was consulted about the specific wound and aware of the wound until 06/18/12.</p> <p>Per interview on 09/05/12 at 10:30 A.M., the physician stated that s/he had "no recollection of receiving a message about this resident". Per interview at 3:30 P.M., the Assistant Director of Nursing, confirmed the physician was not consulted immediately regarding the change in health status.</p>	F 157	<p>Data from the audits will be brought to the Quality Assurance meeting bi-monthly until the committee determines resolution.</p> <p>The Director of Nurses is ultimately responsible to ensure that physicians are notified of newly acquired wounds.</p> <p>Compliance Date: 9/14/12</p> <p><i>F157 pcc accepted 9/11/12 Thuyhiep RN/ Pmcotarn</i></p>	

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F 225 SS-D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p>	F 225	<p>F 225</p> <p>Resident #3 and Resident #4 voice that they feel safe at VVH. These two residents have never reported that they were abused to facility staff. There are currently no reported allegations of abuse at this time.</p> <p>The employee files of the LNA's who alleged abuse were audited and it was determined that the LNA's have had education on the abuse policy and the reporting procedure. Also all had CBI, registry checks and references prior to hire. Both LNAs have received education regarding proper reporting procedures.</p> <p>A 100% audit was conducted on employee files to ensure that all employees have had education on the abuse policy and the reporting procedure. It is the policy of Vermont Veterans Home that all employees receive the CBI, registry and reference checks upon employment. The abuse policy is educated to all employees upon hire in orientation, annually and PRN thereafter. Reporting protocol is stressed during these education sessions.</p> <p>The facility will continue to follow the Abuse Policy and will continue to educate the abuse policy with emphasis on the reporting procedure upon hire in orientation, annually and PRN as warranted.</p>	

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F 225	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to ensure that all alleged violations involving mistreatment, neglect or abuse were reported immediately to the administrator of the facility per established procedures and to other officials in accordance with State law. (including the State survey and certification agency). This affected two (Resident #3 and #4) of nine Residents in the applicable sample. Findings include:</p> <ol style="list-style-type: none"> Per record reviews conducted between the dates of 9/4/12 and 9/5/12, for Resident #3 and #4, a licensed nursing assistant (LNA #2) reported to the Director of Nursing Services (DNS) on 7/4/12 that s/he and another LNA (LNA #1) observed that the staff nurse they were working with on or about May 14, 2012 had written derogatory comments next to two of the Resident's names (Resident #3 and Resident #4) on the Resident Report Form. The Resident Report Form is a form utilized by nursing staff that contains information regarding the care and services that a Resident might require during their nursing shift. <p>Per interview of LNA #1 and #2, the Resident Report Form was left on the nursing station (counter) where it was readily visible to other residents, staff and/or family members. After the nurse temporarily left the floor during his/her shift, the report form was copied and kept by LNA #2. Per telephone interview on 9/5/12 at 11:00 A.M.</p>	F 225	<p>Education was provided on the abuse policy with emphasis on the reporting procedure beginning on September 11, 2012 and will be ongoing. The Administrator or designee will conduct random audits of new employees' files to ensure that education on the abuse policy and reporting procedure is conducted.</p> <p>Data from the audits will be brought to the Quality Assurance Meeting bi-monthly until the committee determines resolution.</p> <p>The Administrator is ultimately responsible to ensure that the abuse policy is followed.</p> <p>Compliance Date: 9/14/12</p> <p><i>F225 POC accepted 9/11/12 Thynghier RN / Pincote RN</i></p>	

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F 226	Continued From page 4 with LNA #1 and at 3:00 P.M. with LNA #2, both confirmed that there was no report made by either of them to the administrator and/or their supervisor at that time regarding their observation and that a copy of the nurses report form was made. On 9/4/12 the DNS confirmed that s/he had received a copy of the nurses report form which contained derogatory comments about two Residents on June 4, 2012 when s/he began an investigation.	F 226	F 281 Resident #1 wound is currently showing signs of healing. The physician was notified of the wound and no new orders were given. The care plan was revised as warranted. Contact precautions are maintained.
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide services that meet professional standards by failing to follow standard contact precautions during a dressing change for one resident. This affected one (Resident #1) of two residents in the applicable sample. Finding include: 1. Per observation of a wound dressing change on 09/04/12 at 1:52 P.M., the staff nurse failed to follow standard contact precautions for Resident #1 who has an infected wound. At the time of the observation the nurse did not put on a gown that is located on the Resident's door. The nurse carried supplies in a small tote container and placed it upon Resident #1's garbage can. The nurse, after removing the soiled dressing which had brown drainage, picked up the tote with the soiled/contaminated gloves and disposed	F 281	The nurse who conducted the treatment has had a competency conducted on clean technique and 1:1 education was provided on infection control practices and maintaining contact precautions. In addition, the nurse has received education regarding proper contact precaution protocol. The CCCs or designee will conduct weekly audits of all residents who develop a wound to ensure that the area is being managed appropriately and a plan of care is developed and followed. The Staff Development Coordinator or designee will begin conducting random audits of isolation rooms to ensure contact precautions are being adhered to. Immediate education will be given to any staff person found not practicing precautions appropriately. In addition staff will have education on precaution rooms and adhering to contact precautions beginning on September 11, 2012

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F 281	<p>Continued From page 5</p> <p>of the dressing in the garbage can. The nurse removed the gloves, sanitized his/her hands, applied new gloves and proceeded to clean the wound with saline and with wet gauze. The nurse again picked up the tote and discarded the gauze. After putting on new gloves the nurse applied Vitamin D oil to the wound (1 open area in the lower aspect and 2 scabbed areas on the upper aspect of the wound) and using the same Q-tip, rubbed the oil back and forth between the lower and upper wound. At this time a package of gauze fell onto the floor, the nurse picked up the package, opened it and used it on the wound which was covered with a telfa pad. The nurse left the room with the tote and brought it back to the treatment room and placed it on the treatment cart.</p> <p>Per review of the chart, Resident #1 was noted to have an infection and was on precaution measures for wound care according to the care plan. Per interview at 3:15 P.M., the ADNS stated that the expectation is that staff "gown, use supplies that are to be kept in the resident's room and follow good standard contact precautions" when doing a dressing change and confirmed that the nurse failed to follow professional standards during wound care. The Staff nurse confirmed on 09/05/12 at 10:45 A.M. that s/he did not follow professional standards of care during the wound dressing change.</p> <p>Also see F441 Reference: Lippincott Nursing Manual, Williams & Wilkins, 8th edition</p>	F 281	<p>Data from the audits will be brought to the Quality Assurance meeting bi-monthly until the committee determines resolution.</p> <p>The Director of Nurses is ultimately responsible to ensure that residents receive treatment to prevent and heal pressure areas.</p> <p>Compliance Date: 9/14/12</p> <p><i>F281 POC accepted 9/11/12 TMynherRN / PmeotarN</i></p>
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS	F 441	

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UNIVERSITY MICROFILMS
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F 441	Continued From page 6 The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced	F 441	F441 The nurse who conducted the treatment in the precaution room has had 1:1 education provided on infection control practices and maintaining contact precautions. Nursing staff will have education on contact precautions beginning on September 11, 2012 and will be ongoing. Education will be provided on the spot if an issue is determined during the competency review. The CCCs or designee will conduct random observations of staff adherence to precaution room protocol weekly. Data from the audits will be brought to the Quality Assurance meeting bi-monthly, until the committee determines resolution. The Director of Nurses is ultimately responsible to ensure that Infection Control practices are adhered to. Compliance Date: 9/14/12 <i>F441 POC accepted 9/11/12 Thynhler RN/ PMCota RN</i>	

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F 441	Continued From page 7 by: Based on observation, record review and interview the facility failed to implement proper infection control measures during a dressing change for one resident. This affected one (Resident #1) of two Residents in the applicable sample. Finding include: 1. Per observation of a wound dressing change on 09/04/12 at 1:52 P.M., the staff nurse failed to follow infection control measures for Resident #1 who has an infected wound. At the time of the observation, the nurse did not put on a gown that is located on the resident's door and carried supplies in a small tote container and placed it upon Resident #1's garbage can. The nurse removed the soiled dressing which had brown drainage, picked up the tote with the soiled/contaminated gloves and discarded the dressing in the garbage can. The nurse removed the gloves, sanitized his/her hands, applied new gloves and proceeded to clean the wound with saline and with the wet gauze. The nurse picked up the tote and discarded the gauze in the garbage can. After putting on new gloves the nurse applied Vitamin D oil to the wound (1 open area in the lower aspect and 2 scabbed areas on the upper aspect of the wound) and using the same Q-tip, rubbed the oil back and forth between the lower and upper wound. At this time a package of gauze fell onto the floor. The nurse picked up the package, opened it and used it on the wound which was covered with a telfa pad. The nurse left the room with the tote and brought it back to the treatment room and placed it on the treatment cart. Per review of the chart, Resident #1 was noted to	F 441		

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F 441	Continued From page 8 have an infection and was on precaution measures for wound care according to the care plan. Per interview at 3:15 P.M. the ADNS stated that the expectation is that staff "gown, use supplies that are to be kept in the resident's room and follow good standard contact precautions" when doing a dressing change and confirmed that the nurse failed to follow infection control measures. The Staff nurse confirmed on 09/05/12 at 10:45 A.M. that s/he did not follow infection control measures during the wound dressing change. Also see F281	F 441		