

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 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

PRINTED: 09/07/2012
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 R-C 09/05/2012
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NAME OF PROVIDER OR SUPPLIER VERMONT VETERANS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 325 NORTH STREET BENNINGTON, VT 05201
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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)	(X5) COMPLETION DATE
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(F 000)	INITIAL COMMENTS	(F 000)		
(F 281) SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>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:</p> <p>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 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</p>	(F 281)	<p>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.</p> <p>F 281</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 9/10/12
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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 281}	<p>Continued From page 1</p> <p>gauze. After putting on new gloves the nurse applied Vitamin E 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>Reference: Lippincott Nursing Manual, Williams & Wilkins, 8th edition</p>	{F 281}	<p>In addition staff will have education on precaution rooms and adhering to contact precautions beginning on September 11, 2012 and will be ongoing.</p> <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 Tmyahner/Pmevian</i></p>	