

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

June 14, 2018

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 **May 22, 2018**. 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

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

PRINTED: 06/05/2018  
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 05/22/2018
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NAME OF PROVIDER OR SUPPLIER  VERMONT VETERANS' HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 326 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

The Division of Licensing and Protection conducted unannounced onsite investigations of 12 facility self reports on 5/22/18. The following regulatory violations were cited as a result.

F 600 Free from Abuse and Neglect  
SS=D CFR(s): 483.12(a)(1)

§483.12 Freedom from Abuse, Neglect, and Exploitation  
The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.

§483.12(a) The facility must-

§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;

This REQUIREMENT is not met as evidenced by:

Based on staff interview and record review, the facility failed to ensure 1 of 6 applicable residents (Resident #1) was free from abuse. Findings include:

Per record review and confirmed by staff interview, a facility Licensed Nursing Assistant (LNA) verbally and physically abused Resident #1. Nursing notes dated 4/24/18 indicated that Resident # 1 was "clearly upset and shaking", stating "get me out of here, she's psycho"... "There was an LNA in there slamming things around, crying and saying 'I am sick of this

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 600

**F600 Free from Abuse/Involuntary Seclusion**

Resident #1 is at baseline function at this time and has had no declines in status. He has no recollection of the incident that occurred on 4/24/18. Social Services has conducted support visits for this resident since the occurrence. He has been social and participating in activities. His care plan has been reviewed and revised to reflect his status.

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, Neglect and Exploitation.

LNA #1 was removed from resident care immediately; she was placed on administrative leave and continues on that. If allowed back to work she will undergo 1:1 education on abuse, communication with a Resident with Dementia, sensitivity training and burnout.

Staff have had education on the Abuse Policy on the following dates; 4/16/18 further education will begin to be educated on 6/7/2018 this is an ongoing education program. In addition, staff

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

*Murphy A. Jackson, RN, LNA*

TITLE

*CEO*

(X6) DATE

*10/11/18*

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 600 Continued From page 1  
shit, [he/she] beat the shit out of me and I'm done"...I removed [Resident #1] from the room and brought him to the social workers office. [He/She] continued to be frightened and stated that many times throughout the day".

In a written statement by the facility Clinical Social Worker (CSW), the resident would often repeat that h/she was so scared; so scared that h/she did not want to return to the unit. The resident also continued to repeat "I'm just so scared, I was so afraid I was going to get hurt". The Assistant Director of Nursing (ADON) and the CSW both stated that the resident had a baseline short-term memory of 15-30 seconds and that after this incident, h/she continued to be upset for 20 - 30 minutes after the incident. The CSW also wrote that the Resident's primary intervention when upset was to engage him/her in song. The resident stated that h/she was so shaken up that h/she could not bring him/herself to sing. The CSW stated that this was very significant as the CSW has never seen the Resident decline to sing. Per interview with the Unit nurse that was involved in the incident, the Resident was visibly upset, white and shaking. The nurse also stated that h/she heard the LNA curse at the resident and that the LNA admitted that h/she tore the watch off the Resident's wrist.

F 609 Reporting of Alleged Violations  
SS=D CFR(s): 483.12(c)(1)(4)

§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:

§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or

F 600 have had education on "burnout" that began on 1/1/18 and continues.

The facility has been conducting "Abuse Audits" These audits are rotated with the staff who conduct them and the neighborhoods. The Administrator will conduct random audits of the findings from these audits to ensure follow up occurs to any identified area. In addition, random audits for new hire employees to ensure that they have had education on Abuse and staff burnout.

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.

Data from the audits will be 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 Residents are free from abuse.

Compliance Date: June 17, 2019

*F600 POC accepted 6/11/18 R. Tremblay, R. S. Reilly*

F609 Reporting Alleged Violations

F225 Investigate and Report allegation/individuals.

The facility continues to conduct Background Checks, Registry Checks and Reference Checks for every employee upon hire and provides employees quarterly education on Abuse, Mistreatment and Neglect.

On 4/15/18 an agency nurse reported the alleged verbal abuse regarding

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F 609 Continued From page 2

mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.

§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:

Based on staff interview and record review, the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. Findings include:

F 609

multiple residents in a letter to facility administration. This is the first time there was notification to facility administration and once reported to the facility, the facility reported per the regulation requirements.

The investigation revealed that on the date and times identified as verbal abuse occurring, the residents in question who allegedly were abused and have the ability to report abuse denied any abuse ever occurred. In addition, all staff working on the unit on the date and time alleged did not note any verbal abuse occurring.

The nurse who allegedly abused was placed on administrative leave until the conclusion of the investigation and was allowed back to work after having 1:1 education on the abuse policy and Resident Rights.

The facility has changed its policy on agency staff education. All agency staff will have to supply proof of having Abuse education with emphasis on the reporting requirement. In addition, a binder will be created for each nursing neighborhood which will include the Abuse Policy, agency staff will be required to read the policy and sign that they understand and will comply with the requirement.

Staff have had education on the Abuse Policy on the following dates; (add dates) and the education remains ongoing. In addition, every neighborhood has administrative staffs' phone numbers as well as Hotline numbers to report abuse. Education on this avenue for reporting abuse will begin on 6/7/18.

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F 609	Continued From page 3 Per record review, facility staff did not report an alleged incident of verbal abuse in a timely manner. On 4/10/18, a staff Licensed Practical Nurse (LPN) allegedly was verbally abusive to 5 residents during the evening shift. This incident was not reported until 4/15/18 to the nursing supervisor. This was confirmed by the Assistant Director of Nursing on 5/22/18 at 1:20 PM.	F 609	The facility has a zero-tolerance policy on Abuse and will pursue discipline for any individual who is not cleared at the conclusion of the investigations and for any individual who does not report abuse immediately.  Abuse audits have been being conducted on a rotation basis with different neighborhoods and different staff conducting them. The Administrator or designee will review random audits and follow up as warranted.  All reportable incidents are reviewed upon completion and Data from the audits will be 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 allegations of Abuse, Mistreatment, Neglect and exploitation are reported per the Abuse Policy.  Compliance Date: June 17, 2018.	

*F609 POC accepted 6/11/18  
R. Tremblay, RN / S. Leung, RN*



## Vermont Veterans' Home

June 11, 2018

Ms. Pam Cota, RN  
Licensing Chief  
Division of Licensing and Protection  
HC 2 South 280 State Drive  
Waterbury, VT 05671-2060

Dear Ms. Cota:

Enclosed you will find the plan of correction for the June 17, 2018 investigation visit.

Please do not hesitate to contact me if you should have any questions or should require additional information.

Sincerely,

*Melissa A. Jackson, BSW, LNHA*

Melissa A. Jackson, BSW, LNHA  
Chief Executive Officer