

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

September 25, 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 **September 5, 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: 09/19/2018
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 09/05/2018
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 onsite investigation of an anonymous complaint was completed in conjunction with 2 entity reported incidents, by the Division of Licensing and Protection, on 9/5/2018. There were regulatory findings with one of the self reported incidents.	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 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive	F 578	F578 The Right to Refuse, Request or Discontinue Treatment Resident #1 expired on 8/14/18 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 Resident Rights. LPN Nurse was removed from resident care immediately; she was placed on administrative leave pending the outcome of the investigation. She remains out of work at this time while the investigation is completed. Staff began to have education on Resident Rights with emphasis on a Residents Right to refuse medication/treatment that began on September 18, 2018 and will be ongoing. The Facility will conduct and audit of all residents to determine those residents who refuse medications. Residents who are refusing medications will have their provider and Social Worker notified for follow up. The Director of Social Services or Designee will conduct random audits to ensure compliance in this area. Data from the audits will be brought to the QAPI meeting		

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

TITLE

(X6) DATE

Melissa A. Jackson, RN, NHA BSW

CEO

9/24/18

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 578	Continued From page 1 information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to respect the right to refuse treatment for 1 of 2 residents in this sample, Resident #1. Findings include: Per staff interview and review of witness statements, on 8/3/2018 a licensed practical nurse, (LPN) was observed by facility employees, repeatedly attempting to administer Lorazepam, (a medication used to treat agitation) to Resident #1, while s/he was verbally and physically refusing. The LPN solicited the assistance of a Licensed Nursing Assistant, (LNA) to hold the resident's hand while administering the medication. When the resident opened his/her mouth to protest, the LPN slipped the spoon with the crushed medication in his/her mouth. The LNA confirmed, in an interview on 9/5/2018 at approximately 11:00 AM that s/he had been asked by the LPN to hold the resident's hands while the LPN administered the medication. Interview with the Administrator on 9/5/2018 at 12:15PM confirmed that the nurse should have respected the resident's right to refuse the medication.	F 578	every other month for six months or until the committee determines resolution. The Administrator is ultimately responsible to ensure that Residents Rights are maintained. Compliance Date: October 1, 2018 <i>Reamt 9-24-18 BB/S</i>		