

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

August 13, 2019

Ms. Melissa Jackson, Administrator Vermont Veterans' Home 325 North Street Bennington, VT 05201-5014

Provider #: 475032

Dear Ms. Jackson:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on August 7, 2019. Please post this document in a prominent place in your facility.

We will 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

Lamela MCota RN

Licensing Chief

Enclosure

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

PRINTED: 08/09/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01		(X3) DATE SURVEY COMPLETED			
		475032	B. WING _		08/07/2019			
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)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	OBE COMPLETION			
K 000	complaint was cond Safety on August 7 violations were ide Fire Alarm System	on-site investigation of a ducted by the Divison of Fire , 2019. The following	K 00	constitute an admission of guilt. Verr Veterans Home ("the Provider") subs this Plan of Correction ("POC") in accordance with specific regulatory requirements.	mont mits			
	A fire alarm system accordance with ar with the requireme Electric Code, and and Signaling Code acceptance, maintravailable. 9.6.1.3, 9.6.1.5, Notes a secondary of the seconda	NT is not met as evidenced n 8/7/2019, the facility failed to he Fire Alarm System gulatory requirements. The		 The facility's fire alarm contractor was on sight 8/ and 8/8/19 to trouble sho system. A malfunctioning was determined to be the of the trouble alarm. The was replaced, and the fire system returned to baselin operating condition. The facility's maintenance placed several fans and aim movers in the basement a affected by moisture. The alarm devices are now dry were reattached and teste The NAC panel was found dry and was closed. 	of the strobe cause strobe alarm me estaff r . reas fire and ed.			
. 27	the facilities Maste system is in trouble occurred. The tro signal at the fire all other remote annual The signal was unago back into trouble 2. Per observation the facilities Maste it was noted that selected were hanging by the	on 8/7/2019, accompanied by r Electrician, the fire alarm e at the time the inspection uble was causing an audible arm control panel, and at all nciate panels in the building able to be silenced as it would e signal almost immediately. on 8/7/2019, accompanied by r Electrician, in the basement everal of the fire alarm devices se wiring to try and dry them noisture getting into them.		The facility will continue to use fans a movers in the basement to mitigate t moisture while permanent remedies developed that include replacing the piping and heat exchangers in the Am Way basement. The facility will contract with remedia contractors to dry out, dehumidify an clean the basement and crawl spaces American Way and North Wing. VVH maintenance staff will be placed duty rotation to conduct a daily	he are steam nerican ation ud under			

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

TITLE

(X8) DATE

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 07UP21

Facility ID: 475032

If continuation sheel Page 1 of 3

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

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<u>CLIAIFI</u>	13 I OI VIVILUIOAI VI	A MEDICAID SERVICES	T		OMO 140. 0000 000		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION 01 - BUILDING 01	(X3) DATE SURVEY COMPLETED		
		475032	B, WING		08/07/2019		
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	Continued From page 1 There were also NAC panels that had their door open to dry out the moisture inside of them.		K 345	crawl spaces within the facility, where we will document potential hazards and the			
		Electric as or related gas piping	K 511	be conducted occasionally during evening/night shifts and at least per weekend by the maintenand duty. Random nights and all we be included.	one day te person on		
	electrical wiring an NFPA 70, National	A 54, National Fuel Gas Code, d equipment complies with Electric Code. Existing antinue in service provided no		Data from the audits will be brought to the QAPI meeting every other month for six months or until the committee determines resolution.			
	18.5.1.1, 19.5.1.1,	9.1.1, 9.1.2	ederline in the control of the contr	The Director of Environmental S responsible to ensure proper op fire alarm system.	SOUTH AND THE STATE OF THE SECOND SEC		
	This REQUIREME	NT is not met as evidenced	TO COLUMN STATEMENT AND ADDRESS OF THE PROPERTY ADDRESS OF THE	Compliance Date: August 19, 20 K345 PDC accepted 8/12/19 JB			
	by: Per observation on 8/7/2019, the facility failed to		nicipality of the second	K 511 Utilities - Gas and Electric	· ·		
		nent using gas, or gas related th all regulatory requirements. the following.	A STATE OF THE STA	All missing unit cover The facility's Master I motors and relays to hazards.	Electrician has rewired		
	the facilities Maste heating/cooling uni several of the unite	on 8/7/2019, accompanied by r Electrician, the geothermal its in the basement have es covers removed exposing g and components. it was also	THE	2. The facility's Master I terminated all expose boxes, grounded equattached low-voltage switches to the relevant	ed wiring properly in ipment, and securely components and		
	noted that several units (relays, switch attached of the pip	components of the geothermal hes, etc.,) were not properly ing or units themselves.		3. See # 2 above. 4. The facility's geothers only perform electricidirect supervision of Electrician. The geotle	nal technician will al work under the the facility's Master		
The state of the s	the facilities Maste there are several n not terminated pro-	on 8/7/2019, accompanied by r Electrician, in the basement notors or pumps wiring that are perly. The wiring is terminated ination box of the pump or		been educated on thi	A STATE OF THE PROPERTY OF THE		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 07UP21

Facility ID: 475032

If continuation sheet Page 2 of 3

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K 511	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		K 51	5. The maintenance staff has fans and air movers in the affected by the steam syste order to dry out the space. now dry. Further remedies worked on with a high prio engineering firm in Burling replace the steam piping at exchangers in the Americal and by remediation contrate dehumidify and clean base spaces under American Wawing. 6. The standing water noted in basements are currently standing water. The mainting placed several fans and air basement spaces in order the space. The VVH has contrate electrical firm to assist the Electrician in checking any devices, wiring, connection related infrastructure for is moisture. The spaces affect other basement areas, will daily for groundwater infilt to prevent standing water. VVH maintenance staff will be placed duty rotation to conduct a daily inspection/sweep of the basement and	basement spaces em problems, in . These spaces are are being rity by an ton, VT to nd heat n Way basement, ctors to dry out, ment and crawl ay and North by the inspector n removed and dy free of any enance staff movers in the to dry out the cted a local VVH Master electrical s or other sues related to cted, as well as all be monitored ration and leaks, on a		
					Principal Control Cont		

crawl spaces within the facility, where we will document potential hazards and the need for immediate repairs. This sweep will be conducted occasionally during evening/night shifts and at least one day per weekend by the maintenance person on duty. Random nights and all weekends will be included.

Data from the audits will be brought to the QAPI meeting every other month for six months or until the committee determines resolution.

The Director of Environmental Services is ultimately responsible to ensure proper operation of the facility's fire alarm system.

Compliance Date: August 19, 2019

K511 POC accepted 8/12/19 JBenard / AME