

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

September 30, 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 follow-up survey conducted on **August 20, 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

Jamela McotaRN

Licensing Chief

Enclosure

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

PRINTED: 09/17/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01		(X3) DATE SURVEY COMPLETED			
		475032	B. WING			08/20/2019	
		413032			ET ADDRESS, CITY, STATE, ZIP COD	THE RESERVE AND ADDRESS OF THE PARTY OF THE	W-100-1-
IAME OF F	PROVIDER OR SUPPLIER				ORTH STREET	(4)	
VERMONT VETERANS' HOME			1				
A CLUSIAN	61 AP 1171/MIAM 11/0/14/6	CAMPINE DESCRIPTION OF THE PROPERTY OF THE PRO		DEN	NINGTON, VT 05201		
(X4) ID PREFIX TAG	JEACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	COMPLETIC DATE
	*						
K 000)	INITIAL COMMENTS		{K 000}				
[11.000]	The state of the s				The filing of this plan of correction	daes not constitu	te
		an aita fallam un emplem mac			an admission of guilt. Vermont Ver	terans Home ("the	E
	An unannounced (on-site follow-up survey was			Provider") submits this Plan of Cor		
	conducted by the L	Divison of Fire Safety on August			accordance with specific regulator	y requirements.	
	20, 2019, to the Au	igust 7, 2019, investigation.					
	Although the faciliti	y was found to be in substantial			K 511 Utilities - Gas and Electric		
	compliance, the fo	llowing tag does require a plan			CFR(s): NFPA 101		
	of correction.						
{K 511}	Utilities - Gas and	Electric	{K €	511}	The facility will continue to use far	s and air movers i	n
SS=B	CFR(s): NFPA 101				the basement to mitigate the mois		**
	1				permanent remedies are develope		
	Utilities - Gas and	Electric		ALCOHOL:	replacing the steam piping and he		ie
		as or related gas piping			American Way basement.	1.00	
	complies with NFF	A 54, National Fuel Gas Code,					
	alactrical wiring an	d equipment complies with			The facility will contract with reme	diation contractor	'S
	NEDA 70 Mational	Electric Code. Existing	1		to dry out, dehumidify and clean th		
	inchallations can or	ontinue in service provided no			crawl spaces under American Way	and North Wing.	34
	hazard to life.	Midille III Scriles provides he			10.07		
		011 017			VVH maintenance staff will be place		
	18.5.1.1, 19.5.1.1,	3, 1.1, 3.1.2			rotation to conduct a daily inspect basement and crawl spaces within		9
		08			we will document potential hazard	32	
					immediate repairs. This sweep wil		
					occasionally during evening/night:		
					one day per weekend by the main		
	This REQUIREME	NT is not met as evidenced			duty. Random nights and all weeks		
	by:				included.		
	Per observation of	n 8/20/2019, the facility failed			*		
	to assure that equ	ipment using gas, or gas			VVH has contracted a local electric		e
	related piping com	plied with all regulatory			VVH Master Electrician in checking	sunare or despatable despetations	
	requirements. The	e findings include the following.			devices, wiring, connections or oth		×.
			*		infrastructure for issues related to		
	1. Per observation	, and confirmed with Director of			is forthcoming form the Contractor inspection will be made, and report		
		rvices, on 8/20/2019, Debois			following the completion of the str		
		ring is designing a rememdy to			and moisture remediation.	be been \$2 bee mily pro	
	these leaks Aitho	ugh the facility is keeping			and the second s		
	ahead of the leaks	s cost and contractual			Data from the audits will be broug	ht to the QAPI	
		state is slowing down the			meeting every other month for six	months or until th	e
	procees to correct	the water problem in th			committee determines resolution.		
		by leaking pipes and					0
	pasement Causeu	metially creating an issue with			Compliance Date: September 27th	1,2019	
	congensation. Pol	menally breating an issue with	ì	4511	PUC accepted 9/30/	19.5 Lu	mon -
BORATOR	ov Magantak na aanu	IDER/SUPPLIER REPRESENTATIVE'S SIG	and the second s		TITLE		(X8) DATE
AA	The VIDE	1011 - 101-41			PEN	00/2	11/2-
1111.11	and I Wash Mal	VIII & A 1 1 11 1 1/1 1/1					

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.

Facility IO: 475032

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 09/17/2019 FORM APPROVED OMB NO. 0938-0391

CENTERS	FOR MEDICARE	8 MEDICAID SERVICES			OMB NO. 0930-039 I
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A BUILDING 01 -	(X3) DATE SURVEY COMPLETED	
		475032	8. WING		08/20/2019
	OVIDER OR SUPPLIER		325 N	ET ADDRESS, CITY, STATE, ZIP CODE NORTH STREET NINGTON, VT 05201	
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULO BE COMPLETION
n e n	nd other electrical nevibe getting into	ge 1 o the electrical components equipment. The moisture equipment causing corrosion ch could cause equipment	{K 511}		
E is v	Environmental Sen is keeping this well were damp spots n equire additional fi	and confirmed with Director of vices, on 8/20/2019, the facility managed, although there oticed on the floor that will ollow-up to assure that all d for issues with moisture.			
		5.		2	
				∞e ⊠	



September 24, 2019

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 August 20, 2019 life safety visit.

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

Sincerely,

Mulisba X Jackson, MBA, FACHCA
Melissa A. Jackson, MBA, FACHCA

Chief Executive Officer