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

March 9, 2022

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 complaint investigation conducted on **February 22, 2022.** 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

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

PRINTED: 02/24/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475032	A. BUILDING ______ B. WING ______	C 02/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERMONT VETERANS' HOME	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 on-site investigation of one facility reported incident and one complaint was conducted by the Division of Licensing and Protection on 2/22/2022. There were regulatory violations identified during the investigation.	F 000	The filing of this plan of correction does not constitue an admission of guilt. The Vermont Veterans' Home submits this Plan of Corection in accordance with specific regulatory requirements.	
F 726 SS=E	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident	F 726	F726 Competent Nursing Staff This facility has requested documentation of all competencies completed on current agency staff. This documentation will be maintained at the facility to ensure all required competencies have been completed and annual competencies are completed timely. The facility has updated the Agency Staffing Checklist to include our Medication Administration Policy. On February 22, 2022 education on the facility's Medication Administration Policy began for all facility and agency staff. Random audits of agency competency documentation will take place weekly x 4 weeks and then monthly x 6months. Audit results will be brought to the facility's QAPI Committee for review for 6 months or until the committee determines sustained compliance. The Director of Nursing is responsbile for compliance. Compliance Date: March 8, 2022 Tag F726 POC accepted on 2/25/22 by S. Freeman/Davidson	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: DocuSigned by: Melissa Jackson 7FA4D56660D445F...
TITLE
(X6) DATE 2/25/2022

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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VERMONT VETERANS' HOME	**325 NORTH STREET** **BENNINGTON, VT 05201**

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F 726	Continued From page 1 assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to ensure that two of three nursing staff in the applicable sample were competent in skills necessary to provide care and services according to residents plans of care. Findings include: Per review of the education files provided by the facility Registered Nurse Educator there was no evidence of skills competency assessment of one contract agency Licensed Practical Nurse (LPN), and one contract Licensed Nurse Assistant (LNA). The "Agency Caregiver Orientation" packet completed by the two contracted agency staff contained facility and regulatory specific information however, there was no evidence that the LPN or the LNA had been assessed for, or demonstrated competency in the skills needed to care for specific care needs of the residents. Per interview with the RN Educator on 2/22/2022 at 4:31 PM the contracted agency is responsible to ensure that the assigned staff are competent in the skills necessary to provide care to the residents. If a problem with the agency staff's competency is identified the facility does provide education to correct the issue. Agency staff do attend ongoing in-services provided by the facility staff. The facility does not require the contracting agency to provide proof of training or skills competency evaluation of the staff assigned. On 2/22/2022 at approximately 5:15 PM the Director of Nursing stated that it is the contracting agency's responsibility to ensure competency of the nursing staff that they provide. S/He	F 726		

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F 726	Continued From page 2 confirmed that the facility does not require the contracting agency to provide proof of competency assessment or evaluation.	F 726		
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review the facility failed to ensure safe and secure storage with limited access to others, and mechanisms to minimize loss or diversion of all medication. Findings include:	F 761	F761 Labeling of Drugs and Biologicals The LPN was interviewed and terminated. His/Her agency was notified that his/her contract was ending immedately. A report was filed with OPR for this LPN on Febuary 23, 2022. The ADNS and QA nurse audited all facility medication cart narcotics with the finding of all narcotice counts being correct and both signed the narcotic books. Pre-poured medication was disposed of/ destroyed per facility policy. Education began immediately on 2/22/22 for all facility and agency nursing staff . Random medication pass audits will be conducted weekly x 4 weeks and then monthly x 6 months to ensure compliance with faciilty policy of not pre-pouring medications. Audit results will be reported to the facility's QAPI Committe for 6 months or until the committee determines sustained compliance. The Director of Nursing is responsible for ensuring compliance. Compliance date: March 8, 2022 Tag F761 POC accepted on 2/25/22 by S. Freeman/D. [illegible]	

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F 761	Continued From page 3 During observation of American Way on 2/22/2022 at 2:50 PM an unattended medication cart was seen parked inside an open doorway. On the top of the medication cart there were four medication cups with various medications in them. The last names of four different residents written on them in black marker. A Licensed Practical Nurse (LPN) entered the room at 2:54 PM and approached the medication cart. When asked what was in the medication cups S/He confirmed that resident medications were in them. The LPN stated, "I do know what is in them though." Pointing to each medication cup S/He stated, "this one is Tramadol (Opioid), this one is Tylenol and Trazadone (Antidepressant/Sedative), this one here is Oxycodone (Opioid), and this one is Depakote (Anticonvulsant)." Oxycodone, Tramadol, and Trazadone are medications that are considered to be "controlled substances". Controlled substances are required to be stored under double lock and are required to be under double lock to prevent diversion/abuse of the drug. S/He then stated which resident each medication was intended for. A Registered Nurse entered the room and was informed that the LPN had prepared the four resident's medications and left them on top of the medication cart unattended in the open doorway. The RN confirmed that this should not have occurred. Per review, the facility "Administering Medications Policy 9.1" states: " #7. Medications may not be prepared in advance and must be administered within one hour of their prescribed time, unless other wise specified.	F 761		

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F 761	Continued From page 4 #9 During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse. No medications are to be kept on top of the cart . The cart must be clearly visible to the personnel administering medications, and all outward sides must be inaccessible to Veteran/members or others passing by." On 2/22/2022 at 3:30 PM the Director of Nursing confirmed that the practice of pre-pouring medications, many of them controlled substances, is not appropriate. The DNS stated, "it is not our policy to do that." The DNS stated that an audit of all controlled medications throughout the facility was being conducted and the LPN would be terminated. S/He stated, "We have no tolerance for things like this."	F 761		