

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

April 27, 2022

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

Provider ID #: 475032

Dear Ms. Jackson:

On **April 26, 2022**, we conducted a revisit to the complaint investigation of **February 22, 2022** to verify that your facility had achieved substantial compliance. Based on our revisit, we found that your facility is in substantial compliance with participation requirements found in Title 42, Code of Federal Regulations as of **March 8, 2022**.

If you have any questions concerning this letter please contact me at (802) 241-0480.

Sincerely,



Pamela Cota, RN  
Licensing Chief

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

PRINTED: 04/27/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475032</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>04/26/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>VERMONT VETERANS' HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>325 NORTH STREET</b> <b>BENNINGTON, VT 05201</b>		
(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 revisit to the survey of 2/22/22 was completed on 4/26/22, by the Division of Licensing and Protection. The facility was found to be in substantial compliance with regulatory requirements cited on 2/22/22.	{F 000}		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) 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.