



**AGENCY OF HUMAN SERVICES**  
**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

January 27, 2023

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 **December 23, 2022**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

Enclosure

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475032	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  12/23/2022
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
K 000	INITIAL COMMENTS  The Division of Fire Safety completed an unannounced Life Safety Code Inspection ending December 23, 2022. The following violations were identified.	K 000	The filing of this plan of correction does not constitute an admission of guilt. The Vermont Veterans Home ("the Provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements.	
K 255 SS=D	Suite Separation, Hazardous Content, and Subd CFR(s): NFPA 101  Suite Separation, Hazardous Content, and Subdivision All suites are separated from the remainder of the building (including from other suites) by construction meeting the separation provisions for corridor construction (18.3.6.2-18.3.6.5 or 19.3.6.2-19.3.6.5). Existing approved barriers shall be allowed to continue to be used provided they limit the transfer of smoke. Intervening rooms have no hazardous areas and hazardous areas within suites comply with 18/19.2.5.7.1.3. Subdivision of suites shall be by noncombustible or limited-combustible construction. 18.2.5.7.1.2 through 18.2.5.7.1.4, 19.2.5.7.1.2, 19.2.5.7.1.3, 19.2.5.7.1.4 This REQUIREMENT is not met as evidenced by: A walk-through of the premises from 11/1/2022 - 11/2/2022 with the Facilities Director at 8:30am determined the following:  A corridor exit in the administrative hallway was composed of unrated, combustable wood construction at the time of survey.	K 255	K255  The corridor exit in the administrative hallway was noted to be composed of unrated, combustable wood construction at the time of the survey. This construction was used as a temporary barrier in preparation for the installation of a new exterior door assembly, as part of the VH Access Control and Security Project.  The new door assembly has been installed and is functional as of 01/10/2023.  An audit will be conducted monthly for six months to ensure that there are no exit doors constructed of unrated combustable materials. Any door found out of compliance will be replaced immediately with the proper materials. Audits will be reviewed at regularly scheduled QAPI meetings.  The Director of Environmental Services is responsible for compliance.	
K 353 SS=H	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance	K 353		

*K255 Accepted  
M. Steele/tw*

DocuSigned by:  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Melissa Jackson*

CEO TITLE (X6) DATE  
1/17/2023

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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K 353	Continued From page 1 with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: A walk-through of the premises occurred from 11/1/2022 - 11/2/2022 and documentation review occurred December 15, 2022 determined the following:  1. Two escutcheon covers for concealed sprinkler heads in the American wing congregate bath are painted and adhered to the ceiling.  2. At the time of survey no documentation was available onsite to document the annual testing of private fire hydrants with static and residual pressure indications. Further review of documentation after the onsite determined that one hydrant has been removed from service and several yard hydrants are not in annual maintenance. This violation was reviewed with the Facilities Manager on 12/15/2022.	K 353	K353  1. The escutcheon covers for concealed sprinkler heads in the American Way congregate bath have been inspected, freed from paint adherence and are functioning as designed.  2. A fire hydrant at the south end of the facility, adjacent to Cardinal Point's exterior fence, has been out of service and awaiting repairs. After discussion with the facility's sprinkler service Contractor, it was determined that the Contractor is expecting parts for the hydrant during the week of January 16 <sup>th</sup> , 2023 and is expected to complete repairs no later than the last day of January 2023. All fire hydrants on VH property will be tested in May 2023 for static and residual pressure in addition to the semi-annual operation and flushing conducted by the Town of Bennington. The pressure testing will be conducted annually and documentation will be maintained by the facility.  An audit will be conducted during each sprinkler system inspection, for a period of one year, to ensure that any concealed sprinkler heads in the facility are free from paint, caulk, adhesive or any other impediment to proper operation.  An audit will be conducted annually to ensure that all fire hydrants on VH property are properly tested, always lubricated and in full operation.  Audits will be reviewed at regularly scheduled QAPI meetings.  The Director of Environmental Services is responsible for compliance.	
K 354 SS=D	Sprinkler System - Out of Service CFR(s): NFPA 101	K 354		

*K353 Accepted  
M. Steele/tw*

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PRINTED: 01/06/2023  
FORM APPROVED  
OMB NO. 0938-0391

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K 354	Continued From page 2  Sprinkler System - Out of Service Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24-hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been returned to service. 18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25) This REQUIREMENT is not met as evidenced by: A walk-through of the premises from 11/1/2022 - 11/2/2022 with the Facilities Director at 8:30am determined the following:  The sprinkler system remains in service, however, the latest reports of the sprinkler vendor cite that the "Flange leaking before OS&Y", this deficiency has no assigned risk; it is not determined if the fire department or DFS was notified of a plan to correct.	K 354	K354  Upon the most recent inspection of the facility's sprinkler system, it was determined by the facility's sprinkler service Contractor that system F-02269, serving Cardinal Point wing, has a leaking flange on the riser in front of the main OS&Y gate valve. The gasket requires replacement.  VH has planned with the sprinkler service Contractor to replace the gasket in the leaking flange. This work shall be completed within (30) days of the date of this POC, barring extenuating circumstances if repair parts are not readily available.  The sprinkler system remains in service and will continue to receive routine testing and inspections according to NFPA regulations.  An audit will be conducted during each sprinkler inspection, for a period of one year, to check sprinkler piping and fittings for evidence of leakage. Any leaks will be immediately repaired, and evidence of repair recorded in the facility's life safety documentation. Audits will be reviewed at regularly scheduled QAPI meetings.  The Director of Environmental Services is responsible for compliance.  <i>K354 Accepted M. Steele/tw</i>	