



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

June 26, 2023

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 **June 6, 2023**. 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

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


PRINTED: 06/20/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/06/2023
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NAME OF PROVIDER OR SUPPLIER VERMONT VETERANS' HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 325 NORTH STREET BENNINGTON, VT 05201
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(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
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F 000	INITIAL COMMENTS	F 000	The filing of this plan of correction does not constitute an admission of guilt. Vermont Veterans Home ("the Provider") submits this Plan of Correction ("POC") in accordance with specific regulatory requirements.	
F 557 SS=D	<p>Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2)</p> <p>§483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:</p> <p>§483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure that one of three residents (Resident #1) in the applicable sample were treated with dignity and respect. Findings include:</p> <p>Per record review, Resident #1 has diagnoses that include major depressive disorder, personality change, frontal lobe and executive function deficit, cerebrovascular disease, dementia, and behavioral disturbances.</p> <p>Per record review, on 4/8/23 at approximately 8:40 AM a Licensed Nurse Assistant (LNA) was working as a buddy, sitting in a chair 1 door down from Resident #1's room. Per documented witness interview conducted by the Deputy Administrator, Resident #1 and the LNA "were yelling like a husband and wife were fighting and</p>	F 557	<p>Resident # 1 has been followed closely by Behavioral Health and has no recollection of the incident. There is no evidence of any negative impact on his/her psychosocial wellbeing. Residents remain at physical and mental baseline.</p> <p>All staff will be educated on proper communication with residents who have TBI and dementia. Education will begin on June 26th and will be ongoing.</p> <p>Nurse Managers, Department Heads, or designee will conduct random observations of staff interactions with residents. 3 audits on each shift will be completed weekly x 4 weekly, twice a month x 2 months and monthly x 3 months.</p> <p>Audit results will be reviewed at the bi-monthly QAPI meeting and will continue until the committee has achieved compliance.</p> <p>Compliance Date: July 21, 2023</p> <p>Tag F 557 POC accepted on 6/26/23 by S. Freeman/P. Cota</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE MBALNHA, FAHCA CEO	(X6) DATE 6/26/23
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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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F 557	Continued From page 1 [Resident #1] yelled 'get the fuck out of my room and fuck off' [the LNA] said as exiting the room 'right back at you I hope you choke on your food.'" According to the facility investigation, 20-30 minutes after the incident the LNA who had overheard the verbal exchange saw the LNA involved re-enter the room and say to Resident #1 "I'm so sorry [name omitted], do you forgive me?" Per interview with the Licensed Nursing Home Administrator (LNHA) on 6/5/2023 at 12:25 PM there had been no concerns with the LNA's interactions with any Residents in the past, and the LNA had recently received education related to this specific Resident's behaviors. The LNHA confirmed there had been a verbal altercation between Resident #1 and the LNA who was in her/his room, and that the Resident had not been treated with dignity and respect.	F 557		