VERMONT

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

August 15, 2018

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

Dear Ms. Jackson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 24, 2018.** 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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0157	A. BUILDING: _____ B. WING _____	C 07/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERMONT VETERANS' HOME DOMICILIARY	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) COMPLETE DATE
R100	Initial Comments: An unannounced entity reported incident was investigated by the Division of Licensing and Protection on 7/24/18 in conjunction with the re-licensure survey. There were no regulatory findings surrounding the investigation, however there were regulatory findings with the re-licensure survey.	R100	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. **R 104 Resident Care and Home Services** **5.1 Admission** An audit was conducted of all Dom admission agreements. Missing admission agreements are being reviewed with the resident and/or responsible party and signatures will be obtained. Education on when a Dom admission agreement is needed began on August 9, 2018 and is ongoing. Social Services will conduct monthly audits to ensure admission agreements are completed timely. Audit results will be reviewed at QAPI and continue until the committee determines compliance has been maintained. Social Services or designee will conduct random audits to ensure compliance. Compliance Date: August 14, 2018	
R104 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement	R104		

R104 - R135 POCs accepted 8/14/18 BBertell RN/PMA

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R104	Continued From page 1 requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that one of three residents, Resident #1 had a written admission agreement prior to or at the time of admission. Findings include: Record review for Resident #1 failed to provide evidence or an admission agreement being provided to them. Resident #1 was admitted to the facility on 1/25/17 and has a legal guardian. The social worker provided an admission agreement dated 7/24/18 (the day of the survey) and it was not signed, but there was indication that the resident declined to sign and had his/her signature. The social worker further confirmed that it was possible that the admission agreement was sent to the guardian and not returned. The manager confirmed at 1:30 PM on 27/24/18 that there was no admission agreement for the resident.	R104	**R 135 Resident Care and Home Services** **5.5 Assessment** An audit was conducted on August 7, 2018 of all Dom Resident Assessments. Any assessment missing an RN signature was reviewed and countersigned by an RN. Education on the RN and LPN Scope of Practice will begin on August 8, 2018 and will be on going. Nursing will conduct monthly audits of Dom Resident Assessments to ensure proper RN signature. Results will be brought to the facility's QAPI committee and continue until the committee determines audits are no longer needed. Director of Nursing will conduct random audits to ensure compliance. Compliance Date: August 14, 2018	
R135 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 Assessment 5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission	R135		

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R135	Continued From page 2 to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that two of three residents in the sample, Resident #1 and 2, were assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency. Findings include: Resident #1 was admitted to the facility on 1/25/17 and per review of the medical record, the Resident Assessment Instrument (RAI, a form of assessing a resident) was not completed by a Registered Nurse (RN) but had been completed by a Licensed Practical Nurse (LPN). The RN confirmed on 7/24/18 at 1:30 PM that an RN had not completed and signed the assessment. S/he further confirmed that s/he did not complete an assessment until 8/24/17 for Resident #1. Resident #2 was admitted to the facility on 7/20/17 and the RAI was completed and signed by a Licensed Practical Nurse. The RN confirmed on 7/24/18 at 1:30 PM that s/he had not completed and signed an assessment for Resident #2. Reference: Vermont State Board of Nursing Position Statements which Reflects the Nurse's Roles and Responsibilities: LPNs may not independently assess the health status of an individual or group and may not independently develop or modify the plan of care.	R135		

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R135	Continued From page 3 LPNs may contribute to the assessment and nursing care planning processes; however, patient assessment and care plan development or revision remain the responsibility of the RN, APRN (Advanced Practice Registered Nurse), or other authorized health care practitioner. Role of LPNs in Triage - 2012 12 Board of Nursing Position Statements Approved: February 2000 Revised: December 10, 2012 Reviewed: September 14, 2015	R135		