

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

July 14, 2009

Colleen Rundell, Administrator
Vermont Veterans Home
325 North Street
Bennington, VT 05201

Provider #: 475032

Dear Ms. Rundell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 10, 2009**. 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,



Frances L. Keeler RN, MSN, DBA
Director

Enclosure



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

PRINTED: 06/19/2009
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 R 06/10/2009
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
{F 000}	<p>INITIAL COMMENTS</p> <p>A follow-up survey to the annual recertification survey was conducted on 6/10/09.</p> <p>F 164 483.10(e), 483.75(l)(4) PRIVACY AND SS=D CONFIDENTIALITY</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to afford privacy for 1 of 6 Residents</p>	{F 000} F 164	<div data-bbox="1115 409 1544 661" style="border: 2px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>JUN 30 2009</p> <p>DIVISION OF LICENSING AND PROTECTION</p> </div> <p>F 164</p> <p>First, the Vermont Veterans' Home will note the following:</p> <p>The cover letter dated 22 June 2009, states: "Based on our revisit, we found that your facility has corrected deficiencies cited on May 6, 2009 except for tag F-164". F- 164 was not a deficiency cited on 6 May, 2009. F- 164 was cited on 10 June, 2009, the day of the revisit. As written, the cover letter appears to state that the Vermont Veterans' Home had not corrected a deficiency when in fact, all deficiencies cited on 6 May, 2009, were corrected. Our concern is based on the penalties for not correcting deficiencies within the parameters. A request by Colleen Rundell, M.S., LNHA to have a corrected cover letter was made on 24, June, 2009. To date, a revised cover letter has not been received.</p> <p>Assuming for the moment that the finding and determination of deficiency is accurate without admitting or denying that it is, our proposal for corrective action is as follows:</p> <p>There is nothing that can be done to correct the alleged 6/10/09 issue.</p> <p>Only residents assigned to the identified LNA have the potential to be affected by this practice.</p> <p>The following systemic change has been made to ensure that the identified practice does not recur:</p> <p>The LNA was counseled and educated to ensure Veterans' privacy is respected during personal care.</p> <div data-bbox="1462 1480 1594 1627" style="text-align: right;"> <p>25 6/29/09 CR</p> </div>
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Colleen Rundell</i>		TITLE (X6) DATE <i>Administrator</i> <i>6/29/09</i>	

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 164 Continued From page 1
(Resident #4) during the provision of care.
Findings include:

Per observation of personal care for Resident #4 at 2:34 PM on 6/10/09, the Licensed Nursing Assistant (LNA) did not close the door to the room or the privacy curtain while providing personal care. The Resident's roommate was present during the care. Immediately after the observation, the LNA confirmed that the door and curtain were not closed and should have been per facility policy.

F 164

These corrective actions will be monitored in the following manner: The Clinical Care Coordinator of B wing and/or designees will audit personal care for privacy three times per week for 60 days to ensure the effectiveness of this plan of correction. Identified non-compliance will be immediately rectified. The outcomes and trends will be reported to the quality assurance committee by the Clinical Care Co-coordinator for further review and recommendations that may include further education, disciplinary action, etc...

The B Wing Clinical Care Coordinator will be responsible for this plan of correction.

*ROC Accepted on
6-10-09
[Signature]*

F-164



State of Vermont
Vermont Veterans Home

COPY

Date:

To: Don Welch LNA

From: Jennie Lab rake LPN CCC

Subj: Supervisory Feedback

Reason For Action:

State Reasons:

- Failure to provide dignity and privacy to Mr. [REDACTED] during our recent survey.
- The surveyor witnessed you performing catheter care on Mr. [REDACTED] while the room door was open and the privacy curtain was open and resident's roommate was in the room in his bed. This action resulted in a deficiency for our facility and should never have occurred.

Expectations: The expectation of this facility and everything we strive for, for our veterans, is that at all times dignity and privacy will be honored.

Should you continue , it will have an impact on future evaluations as well as possibly leading to further disciplinary actions, up to and including dismissal.

Action Given By: Jennie LaBrake LPN CCC Date: 6/25/09

Employee Acknowledgement: [Signature] Date: 6/25/09

F-164

Audits for F- Tags 241 & 164
3 x per week X 60 Days

date _____

Shift _____

Yes

No

Did LNA provide privacy during resident care?

Was resident dignity maintained

date _____

Shift _____

Yes

No

Did LNA provide privacy during resident care?

Was resident dignity maintained

date _____

Shift _____

Yes

No

Did LNA provide privacy during resident care?

Was resident dignity maintained

signature _____

Unit _____