

## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

<http://www.dail.vermont.gov>

Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

April 7, 2014

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

VIA FAX (802) 447-6466 AND FIRST CLASS MAIL

Provider ID #: 475032

Dear Ms. Jackson:

The Division of Licensing and Protection completed a survey at your facility on **March 26, 2014**. The purpose of the survey was to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and Medicaid programs. This survey found the most serious deficiency in your facility to be a pattern of deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy as evidenced by the attached CMS-2567 whereby corrections are required. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Plan of Correction (POC)

A POC for the deficiencies, which is your allegation of compliance, must be received by **April 19, 2014**. Failure to submit an acceptable POC by **April 19, 2014** may result in imposition of remedies or termination of your provider certification. Your POC must contain the following:

- What corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- The dates corrective action will be completed.

This case becomes part of the enforcement cycle that began on March 12, 2014. All remedies sent to you in the letter dated March 24, 2014, may still be imposed.

#### Allegation of Compliance

If you believe these deficiencies have been corrected, you may contact Frances L. Keeler, RN, MSN, DBA, Assistant Division Director, Division of Licensing and Protection with your written credible allegation of compliance. If you choose and so indicate, the POC may constitute your allegation of compliance. We may accept the written allegation of compliance and presume compliance until substantiated by a revisit or other means. In such a case, the recommended remedy listed above would not be imposed at that time.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, a civil money penalty may be imposed by the CMS Regional Office beginning on the last day of survey and continue until substantial compliance is achieved. Additionally, the CMS Regional Office will impose the other remedies indicated above or revised remedies, if appropriate.

#### Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to Frances L. Keeler, RN, MSN, DBA, Assistant Division Director, Division of Licensing and Protection. **This written request must be received by this office by**. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

#### **Opportunity for Independent Informal Dispute Resolution (IIDR)**

**If you have already requested an Informal Dispute Resolution (IDR) from the State Agency, your request for IIDR will only be allowed if it is made before the State's IDR is completed.** If you chose to request an IIDR with an Independent Panel, your written request for an IIDR must be sent to Frances L. Keeler, RN, MSN, DBA, State Survey Agency Director. The State Survey Agency will forward your request to the IIDR Panel, and they will inform you when and how the IIDR will be conducted. Your request for IIDR must be made no later than **10 calendar days** from the date of your receipt of this letter.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

Enclosure:

cc: State Medicaid Agency