

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 24, 2013

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 recertification survey conducted on **April 3, 2013**. 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

PC:jl



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

PRINTED: 04/11/2013
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 04/03/2013
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NAME OF PROVIDER OR SUPPLIER VERMONT VETERANS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 326 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	<p>INITIAL COMMENTS</p> <p>An unannounced, on-site recertification survey was conducted by the Division of Licensing and Protection between April 1, 2013 and April 3, 2013. The following deficiency was identified:</p>	F 000	<p>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.</p>	
F 431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls; and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can</p>	F 431	<p>The insulin vial noted to be opened and not dated during the survey was discarded. A new vial of insulin was obtained and dated same day of arrival.</p> <p>Tuberculin solution noted to be expired during survey was discarded upon discovery.</p> <p>All Ipratropium Bromide and Albuterol Sulfate inhalation solution destined for destruction during survey was discarded day of discovery.</p> <p>Nursing staff have begun to be educated on the need to date insulin vials, and Tuberculin when opened and discard on expiration date. All medications destined for destruction will be placed in the medication rooms and discarded per facility policy. This education began on April 11, 2013 and will be ongoing.</p> <p>All nursing unit medication rooms and medication carts were audited to ensure that all opened insulin and Tuberculin vials are dated and discarded on the expiration date. In addition, all discontinued medications have been discarded per policy.</p> <p>Supervisors or designees will conduct weekly random audits of medication rooms and medication carts to ensure that insulin and tuberculin vials are dated when opened and discarded when expired and that discontinued medications are destroyed per policy.</p> <p>Data from the audits will be brought to the Quality Assurance meeting every two months for six months or until the committee determines resolution.</p> <p>It is the responsibility of the Director of Nursing to ensure that medications are stored and labeled appropriately.</p>	4/24/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE **DEPUTY ADMINISTRATOR** (X6) DATE **4-17-13**

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.

[Handwritten initials]

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F 431	Continued From page 1 be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to assure that medications were stored and labeled according to currently accepted professional principles regarding disposal of unused and/or expired medications for 1 resident (Resident #35) and potentially affecting other residents of the facility. Findings include: 1.) Per observation on 4/2/13 at 2:00 PM of Brandon medication storage room, in the medication cart, a Novolin-R Insulin was dated as being opened on 2/7/2013 for Resident #35. Confirmation was made by the Clinical Care Coordinator and the RN medication nurse that the vial was dated as stated. The clinical coordinator verified that Novolin-R Insulin is not to be used after thirty days from date of being opened and that it should have been discarded and reordered. Verification was made with the pharmacist on 4/3/2013 at 9:45 AM that Insulin has either a 28 day or 30 day expiration after opening and should be discarded. 2.) Per observation on 4/3/2013 at 8:13 AM of American Way medication storage room, one vial of multi-dose Tuberculin, found in the refrigerator was dated as being opened on 2/2/2013 and this date was confirmed by the LPN. Per manufacturer recommendation Tuberculin is to be discarded thirty days after being opened. This was verified by the pharmacist on 4/3/2013 at	F 431	F431 POC accepted 4/24/13 G.Coleman RN / PNC		

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F 431	<p>Continued From page 2</p> <p>9:45 AM secondary to "the possibility of getting a false positive if administered after the thirty days."</p> <p>3.) Per observation on 4/3/2013 at 8:13 AM of American Way medication storage room, found on a bottom shelf of a bottom cupboard, four boxes of Ipratropium Bromide and Albuterol Sulfate Inhalation Solution 0.5mg/3mg. Pharmacy labels with resident name and dosing directions had been removed and the individual dose vials had an expiration date of 3/2013. The LPN confirmed that the medication had expired and the vials had an expiration date of 3/2013. The LPN stated that discontinued medications that can not be returned to the Pharmacy and those of a deceased resident are sometimes kept in case they are needed for a resident that doesn't have the medication on hand.</p>	F 431		