



AGENCY OF HUMAN SERVICES
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

June 12, 2013

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

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

Dear Ms. Jackson:

Enclosed is a copy of your acceptable plans of correction for the revisit surveys to the Recertification survey of April 3, 2013 and the Complaint Investigation of February 26, 2013, conducted on May 7, 2013. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief



MAY 30 13

Licensing and
Protection

PRINTED: 05/17/2013
FORM APPROVED
OMB NO. 0938-0391

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

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 05/07/2013
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}	INITIAL COMMENTS An unannounced, on-site follow up to the annual recertification survey was conducted by the Division of Licensing and Protection on May 6 and 7, 2013. The deficiency cited at the survey remains uncorrected and findings are as follows:	{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 431} SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS 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. 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. 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. 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 1978 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the	{F 431}	F431 The resident specific Sulfacteamide Opth. Solution eye drops were discarded. The card of resident specific Carbidopa/Levodopa 25mg/100mg medication was discarded. All nursing unit medication rooms and medication carts were audited to ensure that all medications were removed if they were past the expiration date or discontinued. Facility Nursing staff have begun to be educated that medications that are discontinued and those that are noted to be expired will be removed for destruction or return the pharmacy. The facility Supervisors or designee will conduct weekly random audits of medication rooms and medication carts to ensure that all expired medications are discarded or returned to the pharmacy as indicated. The Assistant Director of Nursing or designee will conduct weekly random audits of Medication Rooms and Medication Carts to ensure that compliance is being maintained. Data from the audits will be brought to the Quality Assurance meeting every	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Missa Jackson* TITLE *Administrator* (X5) DATE *5/24/13*

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.

PMC

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{F 431}	Continued From page 1 quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, 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 2 residents (Residents #7 and #8) of 14 residents sampled. Findings include: 1. Per observation of facility's Brandon wing medication storage room on 5/6/13 at 11:35 A.M., the medication cart contained a bottle of Sulfacteamide Opth. Solution 10% (eye drops) for Resident #7 dated as being opened on 4/15/13. The label directions were for instillation of two drops in each eye four times a day for five days. Per record review Resident #7's Medication Administration Record for April documents the medication was started on April 15 at 8:00 P.M. and ended after the 4:00 P.M. dose on April 20, 2013. Per interview on 5/6/13 at 11:40 A.M. the Licensed Practical Nurse (LPN) in charge of medications confirmed the date on the bottle, and stated that the resident was no longer receiving the eye drops as the order was only for five days and had ended in April, and that the drops should have been removed and discarded at that time but were not. Per interview with the Administrator and Assistant Director of Nursing on 5/7/13 at 12:45 P.M., both confirmed that Resident #7's eye drops should have been removed once the physician's order expired.	{F 431}	two months for six months or until the committee determines resolution. It is the responsibility of the Director of Nursing to ensure that medications are stored and labeled appropriately. Compliance Date: May 27, 2013		

F431 POC accepted 5/30/13 pmetarn

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{F 431}	Continued From page 2 2. Per record review of Resident #8's Medication Administration Record (MAR) on 5/6/13, Resident #2 has a order to be given Carbidopa/Levodopa (a medication for Parkinson's disease) 25 milligram/100 milligram dose by mouth 4 times a day. Per observation on 5/6/13 at 11:10 A.M., the 'A' medication cart for the facility's American Way wing contained two 30 tab sheets of the Carbidopa/Levodopa 25 milligram/100 milligram medication labeled for Resident #8 with the expiration date of 4/30/13. Per interview on 5/6/13 at 11:14 A.M. a Registered Nurse (RN) on the American Way wing stated that the drawer where the expired medication was found was the "overflow" supply which would be used once the "daily" drawer ran out. The RN stated "I don't know how often" the drawer is checked for expired medications and "usually night shift handles it". The RN also reported that if expired medications were found they would be immediately removed from the drawer and placed in a plastic bin on a counter in the medication room to be returned to the pharmacy. Per interview with the Assistant Director of Nursing on 5/7/13 at 3:30 P.M. medications in the drawer where the expired medication was found only hold expired medications to be returned to the pharmacy. However, per interview on 5/6/13 at 11:14 A.M. the Registered Nurse on the American Way wing confirmed that the Carbidopa/Levodopa was the only expired medication amongst the other "overflow" medications stored for use by residents in the medication cart drawer, and should have been removed from the cart at the end of 4/30/13. F 490: 483.75 EFFECTIVE SS=D: ADMINISTRATION/RESIDENT WELL-BEING	{F 431}	F490 The Nurse Responsible for conducting the audit of the medications on the American and Brandon units has been reprimanded and 1:1 education provided on the process of handling expired and/or discontinued medications and those medications that are to be returned to the pharmacy. All nursing unit medication rooms and medication carts were audited to ensure that all medications were removed if they were past the expiration date or discontinued. Facility Nursing staff have begun to be educated that medications that are discontinued and those that are noted to be expired will be removed for destruction or return the pharmacy. The facility Supervisors or designee will conduct weekly random audits of medication rooms and medication carts to ensure that all expired medications are discarded or returned to the pharmacy as indicated. The Assistant Director of Nursing will conduct weekly random audits of Medication Rooms and Medication Carts to ensure that compliance is being maintained. Data from the audits will be brought to the Quality Assurance meeting every two months for six months or until the committee determines resolution. It is the responsibility of the Director of Nursing to ensure that the audits are accurate.	

F490 POC accepted 5/30/13 PmcotRN

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F 490	Continued From page 3 A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based upon observation, interview, and record review, the facility's administration failed to ensure its auditing process for monitoring expired medications contained accurate information. Findings include: 1. Per observation of facility's Brandon wing medication storage room on 5/6/13 at 11:35 A.M., the medication cart contained a bottle of Sulfacteamide Opth. Solution 10% dated as being opened on 4/15/13. The label directions were for instillation of two drops in each eye four times a day for five days. Per record review the Medication Administration Record for April documents the medication was started on April 15 at 8:00 P.M. and ended after the 4:00 P.M. dose on April 20, 2013. Per interview on 5/6/13 at 11:40 A.M. the Licensed Practical Nurse [LPN] in charge of medications confirmed the date on the bottle, and stated that the resident was no longer receiving the eye drops as the order was only for five days and had ended in April, and that the drops should have been removed and discarded at that time but were not. Per interview with the Administrator and Assistant Director of Nursing on 5/7/13 at 12:45 P.M. random audits are done weekly on all the units to	F 490			

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F 490	<p>Continued From page 4</p> <p>ensure the medication rooms and medication carts have only current medications, and date opened and discard dates are marked on the packages (if appropriate). Both confirmed that the eye drops should have been removed once the physician's order expired, and if they remained in the medication cart it should have been identified during an audit. Both confirmed that an audit was completed on Brandon the week of April 21 - April 27, 2013 and a check mark for that week indicated everything was appropriate and there were no findings.</p> <p>2 Per observation on 5/6/13 at 11:10 A.M. the 'A' medication cart for the facility's American Way wing contained two 30 tab sheets of Carbidopa/Levodopa 25 milligram/100 milligram medication labeled for a resident's use with the expiration date of 4/30/13. The Registered Nurse confirmed that the medication should have been removed from the cart at the end of 4/30/13.</p> <p>Per record review of the facility's audit of expired medications in medication carts, an audit was conducted on the American Way wing's medication cart for 4/28/13 through 5/4/13 and reports no expired medications were found. Per interview on 5/7/13 at 3:30 P.M. the facility's Administrator and the Assistant Director of Nursing confirmed that the expired Carbidopa/Levodopa medication would have been present during the audit period, and that if the audit process had been done correctly the expired medication would have been recorded on the audit but was not.</p>	F 490			

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(F 000)	INITIAL COMMENTS An unannounced on-site follow up to a complaint investigation was conducted by the Division of Licensing and Protection on May 6-7, 2013. A new deficiency was identified in relation to one of the original citations concerning Resident to Resident incidents. F 323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES SS=E	{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. Resident #2s incident with Resident #1 on 3/30/13 was witnessed by staff who were within a few feet of the resident when the incident occurred, in addition, resident #1 was under close observation for neurological assessment at the time of the incident. Resident #2's response to resident #1s kick was to turn and look at him only and continue ambulating. Staff intervened immediately and ambulated resident #2 to a different location. Resident #1 care plan was revised at that time to include to be seated in a straight back chair and be provided with diversional activities when he is noted to be agitated and propelling his wheelchair. In addition, the facility has implemented an additional intervention on 4/22/13 adding Tylenol 650mg TID X4 weeks then reassess to identify if there was any unrelieved pain as this resident has a diagnosis of arthritis and DJD. This resident has had no resident to resident altercations after the addition of the two care plan interventions. Resident #2 care plan was revised to include redirect away from congested areas as the resident loves to take walks. This plan of care is successful at this time and will be continued.	
	The facility must ensure that the resident environment remains as free of accident hazards as is possible, and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to assure that 6 out of 12 residents sampled [Residents # 1, #2, #3, #4, #5, and #6] received adequate supervision to prevent resident to resident incidents involving physical contact. Findings include: 1. Per record review on 5/6/13, Resident #2, whose diagnoses include Dementia with Psychotic Features and Difficult Behaviors, has a Care Plan which identifies problems including "can become agitated by others". Listed under Approaches to the problems is "please intervene when necessary to ensure the safety of myself and others". Per record review of the facility's audit of Veteran to Veteran Altercations, on 3/30/13 "[Res. #2] was observed 'driving' [h/her]			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Melissa Jackson *Administrative* TITLE
5/24/13 (X6) DATE

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F 323	<p>Continued From page 1</p> <p>wheelchair in the hallway. [H/she] came up behind [Res. #1] and kicked [h/her] in the buttocks".</p> <p>2. Per record review Resident #5, whose diagnoses include Dementia with Agitated Behaviors, has a Care Plan which identifies problems including "I may kick people or objects if they are in my way" and Potential for Physical Aggression toward other Vet/Members. Listed under Approaches to the problem is "please redirect me if my behavior becomes a potentially dangerous situation". Per record review of the facility's Investigative Report of an altercation on 4/4/13, an interview dated 4/10/13 with a staff witness documents [Res. #3] "was kicked with purpose out of way X 2 times" by Resident #5. Per record review regarding another altercation involving Resident #5, on 5/5/13, Nurses Notes report Resident #5 "raised self up and kicked at [Res. #6] connecting [h/her] left foot with Vet's right leg".</p> <p>3. Per record review Resident #4, whose diagnoses include Dementia with Behavior Disturbance, has a Care Plan which identifies problems including "I may grab, hit, or punch when I become agitated". Per record review of the facility's audit of Vet to Vet Altercations, on 4/6/13 Resident #4 "walked up to [Res. #1] and slapped [Res. #1] on the left side of the face while [Res. #1] was holding the hand of a female resident...[Res. #4] can become jealous when another [Male/Female] is sitting by this female whom [h/she] sees as [h/her] girlfriend". Additionally, Nurses Notes dated 4/6/13 document the incident as Resident #1 "had been hit on the side of [h/her] face (almost knocking</p>	F 323	<p>Resident #5 incident with Resident #3 on 4/4/13 was witnessed by the Hall Monitor and a Housekeeper who was moving in the direction of the two residents immediately prior to the incident occurring. Resident #5 had his legs crossed and was propelling down the hallway in his wheelchair. When he came upon Resident #3 who was in his path. Resident #5 kicked Resident #3 with his crossed leg in the leg. Resident #3 did not retaliate and continued ambulating. The Hall Monitor intercepted the residents and separated them without incident. On 5/5/13 Resident #5 was getting his medication from the nurse who was standing in front of him. Resident #6 walked up to them to see what was going on, and Resident #5 kicked out his foot sideways hitting Resident #6 on his right leg to get him to leave. The nurse directed Resident #6 away from Resident #5 without incident. Resident #6 care plan intervention was to redirect to an activity. Resident #5 care plan was revised to include for the both the 4/4/13 and 5/5/13 incidents to redirect away from crowded areas and bring for a walk off the unit to decrease stimulation. In addition Resident #5 had his Hyperthyroidism medication Methimazole discontinued due to worsening anemia on 4/11/13 the physician evaluated this resident on 5/2/13 and will reassess his h/o hyperthyroidism in one month. Signs and symptoms of hyperthyroidism is irritability, this resident is monitored closely and is on the Hall Monitor Program. Resident #6 care plan intervention includes to redirect to an activity. This plan of</p>

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F 323	Continued From page 2 [h/het] glasses off) by another Veteran" [Resident #4].	F 323	care is successful at this time and will be continued. Resident #4 has documentation in his chart on 4/6/13 that he hit Resident #1 on the left side of the face when he noted that Resident #1 was sitting on a sofa in a group activity with staff in attendance and holding hands with a female resident. During the course of the investigation it was stated in an interview with the activity staff member who witnessed the altercation that no contact was made by either resident. The two residents were easily separated and had no injuries or marks to suspect a slap occurred to the side of Resident #1 face. Resident #4 care plan had the following interventions placed. Namenda was started on 2/15/13 at 5mg QD and increased to 10mg QD on 3/29/13 then to 10mg BID. This resident began the Namaste program on the Brandon unit and alternated times to attend the program with the female resident. In addition, a geri-psych admission was done from 4/17-5/7/13 and changes were made to his medication regime. This resident is on the Hall Monitor Program and has no further altercations since 4/6/13. Resident #1 was monitored for signs of latent injury and none was noted. This plan of care is successful at this time and will be continued. The facility has developed a Hall Monitor program and has implemented the program on 3/31/13 the purpose of this program is to provide increased observation of residents on the unit at times identified as being problematic after a root cause analysis was conducted. The Hall Monitor program was initially implemented from 4pm to 6pm on the Cardial Unit and the times were readjusted as the needs of the unit changed. In addition, the facility implemented an Adopt a Unit program which was educated on 3/6/13 and implemented on 3/13/13. The purpose of this program is to have Department Heads and Nursing	

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F 323	Continued From page 2 [h/her] glasses off) by another Veteran" [Resident #4].	F 323	Administrative staff spend time on their "adopted unit" to assist unit staff as warranted. They act as oversight and can assist with Unit Hall Monitor duties, assist with an activity program, assist as oversight and provide increased observation of residents and answer call lights etc. Each unit has designated three Department heads and one Nursing Administrative person per neighborhood. The facility will immediately investigate and evaluate each resident to resident incident to determine if it constitutes a reportable event. The event must meet one of the following criteria to meet the standard for reporting to Adult Protective Services and Licensing and Protection: alleged victim displays behavior that is a change from baseline behavior, obvious trauma or resident voices being fearful following the incident. If none of these criteria are met, the facility will conclude that abuse did not occur and will close the investigation with no reporting to APS or L&P. The residents will continue to be monitored per facility policy post any incident or accident. <div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: fit-content; margin: 10px auto;">The facility has conducted an analysis of all resident altercations and determined the locations of the altercations. As a result of the</div>		

(Extrapage) POC 4 of 5

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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 323	Continued From page 2 [h/her] glasses off) by another Veteran" [Resident #4].	F 323	<p>analysis the "club" or activity room has been reassigned to one of the day rooms at the end of the hallway to decrease the congestion in the club-nursing station vicinity. Moving the location of the activities has significantly decreased the congestion on the neighborhood.</p> <p>At this time the facility has conducted a Cognitive Impairment analysis of every resident on the Cardinal Neighborhood to determine if they still meet the criteria for programming. As a result of the assessments family meetings are being scheduled and unit transfers are discussed and/or activity program attendance on a different unit is being conducted to engage the residents in meaningful activities and ensure that their needs are being met.</p> <p>Facility and Nursing staff have begun to have education on Neighborhood programming and supervision of residents on 3/23/13 and will be ongoing.</p> <p>The Director of Nursing or designee will conduct further analysis of Neighborhood incidents and adjust programming as warranted as a result of the analysis. In addition, The Administrator will audit all cognitive assessments and ensure neighborhood transfers occur as warranted.</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>The Administrator is ultimately responsible to ensure that adequate supervision is provided.</p> <p>The facility is filing an IDR for this citation.</p> <p>The facility is filing an IDR for this deficiency.</p>	5/27/13	

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F323 POC accepted only as circled 5/30/13
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