

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

August 7, 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 survey conducted on **July 17, 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: 07/24/2013
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 C 07/17/2013
--	---	--	--

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	<p>INITIAL COMMENTS</p> <p>An unannounced on-site investigation of facility self-reported incidents and a complaint investigation were conducted by the Division of Licensing and Protection on 07/16/13 and 07/17/13. The following are regulatory findings.</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 246 SS=D	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to respond to a resident's call bell in a timely manner (Resident #1). Findings include:</p> <p>Based on observation and confirmed through interviews Resident #1 was observed waiting for a call light to be answered for greater than 30 minutes. On 07/16/13 at 3:20 PM Resident #1 turned on the call light in order to get ready for a dressing change to his/her leg. The call light was answered at 3:25 PM with the resident stating to the LNA (licensed nursing assistant) that "the Occupational Therapist (OT) will be here any minute" and needed help in removing the pants. The LNA stated "I'll go find someone to help me get your pants off". At 3:33 PM the OT arrived and the resident again turned on the call light for assistance. The OT at 3:55 PM stated "I will go</p>	F 246	<p>F245 Accommodation of Needs</p> <p>On review of the call bell wait time with the staff on the unit, staff was attending to priority care needs of other residents and did not communicate to the resident ringing the call light an estimated return time.</p> <p>LNA staff on shift that morning was given 1:1 education regarding call lights, communicating back to the resident with an approximate time that they will return if they cannot fulfill the need immediately and communicating resident needs to the license staff so that they can direct staff to ensure resident needs are met.</p> <p>Nursing staff has begun receiving education on call lights and communication to ensure that resident needs and requests are met. This education began on July 24, 2013 and will be ongoing.</p> <p>The Assistant Director of Nursing or designee has begun call light audits and has provided on the spot education to any call light not answered timely.</p> <p>The Assistant Administrator is conducting random weekly call light audits to ensure compliance in this area.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Musson A. Jackson, BSW, RNHA Administrator TITLE: Administrator (X6) DATE: 8/5/13

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

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

PRINTED: 07/24/2013
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 C 07/17/2013
--	---	--	---

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 246	Continued From page 1 find someone to help us". Two LNA staff at that time stated that they were working the other hall They confirmed that they were not told by the first LNA that assistance was needed and said "we can't hear the call bell from down the other end side". The OT confirmed at that time, staff failed to respond to the resident's call bell in a timely manner.	F 246	The data from the audits will be brought to the Quality Assurance meeting every other month for six months or until the committee determines resolution. The Administrator is ultimately responsible to ensure that residents' needs are accommodated. Compliance Date: August 5, 2013 <i>F246 POC accepted 8/7/13 PWC/ARN</i>	
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review, the facility failed to store and prepare food to assure prevention of food-borne illness. This has the potential to affect all residents in the facility. Findings include: 1. During observation of the kitchen on 07/16/13 at 11:48 AM a large pan on the serving table (in a non-refrigerated area) contained 4 packages of frozen hot dogs to thaw. The cook stated that the pan of hot dogs were for the evening meal and confirmed that they should be defrosted in the refrigerator, and the tray of thawing hot dogs was then promptly returned to	F 371	F371 Food Storage/Preparation/Sanitary A review was conducted for temperature logs (including but not limited to, cooked food temps, serving line food temps, freezer/refrigerator temps, reach in freezer/refrigerator temps) for the past three month revealed that one cooked food temperature was missing and 13 temperatures for the reach in freezer/refrigerator were missing. Frozen foods will be thawed in the following manner; either by refrigerator on the bottom shelf at a temperature not to exceed 40°. Or under potable running water at a temperature of 70° or below, allowing the water to discharge directly to the drain; or in a microwave oven, only when the food will be immediately transferred to conventional cooking facilities as part of a continuous cooking process, or when the entire, uninterrupted cooking process takes place in the microwave oven. Upon completion of cooking the meat the cook will document the temperature of the cooked meat on the serving line temperature/cooked meat log. A policy has been developed for cooked meat. The serving line temperature log has been revised to include the temperature documentation for the cooked meats.	

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

PRINTED: 07/24/2013
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 C 07/17/2013
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 371	Continued From page 2 the walk in refrigerator. 2. During investigation of an allegation that residents were served raw or undercooked chicken in the beginning of July, the following was identified. Per review on 07/16/13 at 11:54 AM of the food temperature log book for 07/06/13 shows the serving temperature of 40 degrees F (Fahrenheit) for chicken. Per interview at that time, the cook stated that the chicken, served on 07/06/13 was served cold as in picnic style, but was cooked the previous day. Per review of the food temperature log book for 07/05/13 there is no documentation of the temperature for the cooked chicken. There were multiple trays of chicken cooked at that time, and there were no temperatures documented for any of the trays. The Food Service Supervisor at 1:33 PM confirmed that although the chicken was cooked there was no documentation to assure that the chicken was at proper temperature when cooked.	F 371	Dietary staff have begun to be educated on the procedures for thawing foods and the procedure for documenting the temperature of cooked meats and on F 371 on 7/22/13 and will be ongoing. The Food Service Director or designee will conduct audits of thawing foods and the documentation of cooked meats three times a week to ensure the thawing and documentation of cooked meats is conducted appropriately. Three time weekly audits of the documentation of the reach in freezer/refrigerator temps will be conducted by the Food Service Supervisor or designee. The Administrator or designee will conduct random weekly audits of the thawing of foods and documentation of cooked meats, and reach in freezer/refrigerator temps to ensure compliance. The data from the audits will be brought to the Quality Assurance meeting every other month for six months or until the committee determines resolution. The Administrator is ultimately responsible to ensure that staff is adhering to proper food preparation/storage and sanitation. Compliance Date: August 5, 2013 F371 POC accepted 8/17/13 P.M. Cetera RN		