

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 02/13/2024
NAME OF PROVIDER OR SUPPLIER Vermont Veterans' Home		STREET ADDRESS, CITY, STATE, ZIP CODE 325 North Street Bennington, VT 05201	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>40258</p> <p>Based on staff interviews and record review the facility failed to ensure that an allegation of staff to resident abuse was reported to the State Licensing Agency as required. Findings include:</p> <p>During an interview on 2/12/2024 at 2:30 PM Resident #1's significant other reported that she/he had placed a camera with no sound recording in Resident #1's room when visitation was being restricted due to COVID. The significant other stated that on 1/22/2022 while viewing the camera she/he witnessed a licensed nursing assistant (LNA) abuse her/his spouse. According to the significant other this allegation was not reported to the facility until 1/4/2023, on the same day an email was sent to the Deputy Administrator reporting the allegation. At this time the significant other was under the impression that the LNA was let go. On 12/5/2023 approximately one year after the initial allegation, while visiting Resident #1 she/he saw the LNA walk down the hall that Resident #1 resides in and realized that the LNA was allowed to return to work. Per the significant other she/he was very upset to see the LNA back and she/he sent another email to the Deputy Administrator asking how they could allow a known abuser to return to work.</p> <p>Per review of emails provided by the facility the Deputy Administrator, on 1/4/2023 Resident #1's significant other sent an email alleging that in the early evening of 1/22/2022 she/he witnessed a LNA holding the handles of Resident #1's wheelchair and proceeded to suddenly, rapidly, and abruptly, drop the wheelchair into a fully reclined position. This movement startled Resident #1 as evidenced by the resident shooting his/her hands out with palms up. The significant other alleged that the resident stated something like, Hey! Take it easy! and that the LNA stepped in front of the resident and in an angry pose, pointed his/her finger like S/he was scolding the resident. The facility did not report this incident to the licensing agency at the time. Approximately one year later on 12/5/23, after seeing the LNA in the hall, Resident #1's significant other sent another email to the Deputy Administrator asking how a known abuser of helpless defenseless residents could be allowed to return to work.</p> <p>Per interview on 2/13/24 at 10:45 AM with the Deputy Administrator, S/he stated that when Resident #1's significant other reported this concern, the LNA was put on leave, and an investigation was completed by the Human Resource Department (HR). The Deputy Administrator confirmed that the allegation had not been reported to the State Licensing Agency.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/13/24 at approximately 12:30 PM the facility Administrator confirmed that the 1/4/2023 or the 12/5/23 abuse allegations had not been reported to the State Licensing Agency. Per the Administrator the initial report made by Resident #1's significant other was considered a customer service or resident right issue, not an abuse allegation. The second allegation was not reported because it had been investigated by HR in the past and was found unsubstantiated.		