

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
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 06/09/2026
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)		
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure two of three sampled residents (Resident #1 and Resident #2) remained free from misappropriation of property. Findings include: #1 Per record review, Resident #1 has diagnoses that include Parkinson's Disease, PTSD (post-traumatic stress disorder), dementia, schizoaffective disorder bipolar type, and psychotic delusions. Per an MDS (Minimum Data Set, a resident assessment tool) dated 10/2/25, Resident #1 had a BIMS (Brief Interview for Mental Status) score of 15, indicating fully intact cognition (the ability to perceive, learn, remember, reason, and problem-solve). Per review of the facility investigation, Resident #1 told the LCSW (Licensed Clinical Social Worker) that he had been giving LPN #1 money. S/he reported that LPN #1 asked for it for gas and cigarettes. LPN #1 did not repay the money. Per review of the police report, Resident #1 he had given LPN #1 money for gas and cigarettes when she didn't have money. S/he could not recall how much, but that it was approximately \$30 on several different occasions. The police made contact with LPN #1 on 10/6/25 at 12:40 PM. LPN #1 stated that she accepted money from Resident #1, 4 to 5 times, in amounts ranging from \$20 to \$60 and stated that she knew she was not supposed to accept money from residents. LPN #1 has been charged with two counts of Financial Exploitation of an Older Adult. Per record review, Resident #1 has a care plan focus dated 6/5/26 which states, On 10/6/25, [Resident #1] disclosed that a staff member had asked for money from [her/him] and [s/he] gave money to this person. Immediate report made to APS, L&P and [NAME] PD concerning financial exploitation. This care plan focus goes on to say that Resident #1 has been referencing this situation more frequently as the staff person in question has a relative who recently came back to work there and states that LPN #1 still has not apologized to him. The facility follow-up investigation report to Survey & Certification states that [Resident #1] is depressed, anxious and sometimes angry in regard to LPN #1's actions. Per record review of the facility investigation follow-up report submitted to Survey & Certification, the facility verified misappropriation of funds from Resident #1 by LPN #1. Per interview with the Administrator on 6/9/26 at 11:40 AM, she confirmed that the facility had verified misappropriation of funds from Resident #1 by LPN #1. The Facility Employee Handbook policy on gratuities states that Employees are not to accept or solicit gratuities from Residents, their families, or friends. #2 Per record review, Resident #2 has an MDS (Minimum Data Set, a resident assessment tool) dated 9/10/25, which lists a BIMS (Brief Interview for Mental Status) score of 15, indicating fully intact cognition (the ability to perceive, learn, remember, reason, and problem-solve). Per facility investigation, Resident #2 said s/he gave LPN #1 \$150 approximately 6 weeks ago to purchase cigarettes and stated s/he was heartbroken over the situation. Per the police report, the investigating officer was approached by Resident #2 after he had interviewed Resident #1. Resident #2 stated s/he had given LPN #1 \$110 in cash 6 weeks ago to purchase cigarettes for her/him and stated that LPN #1 had not made any attempt to pay her/him back or given her/him any cigarettes. LPN #1 confirmed that Resident #2 had given her \$110 for cigarettes approximately 6 weeks prior and that she had not purchase her/him cigarettes or returned the money. Per record review of the facility investigation follow-up report submitted to Survey & Certification, the facility verified misappropriation of funds from Resident #2 by (continued on next page)		

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	LPN #1. Per interview with the Administrator on 6/9/26 at 11:40 AM, she confirmed that the facility had verified misappropriation of funds from Resident #2 by LPN #1. The Facility Employee Handbook policy on gratuities states that Employees are not to accept or solicit gratuities from Residents, their families, or friends. Based on corrective actions completed prior to the onsite survey, this citation is designated as past non-compliance. The following actions were completed by the facility: Following an investigation, LPN #1 no longer works at the facility. The facility has obtained a no trespassing against LPN #1 to prevent her from coming on their grounds. Alert and oriented residents on the affected units were interviewed after the incident and there were no additional findings. The facility updated their resident trust policy and their policy on staff accepting gifts or gratuities. Facility staff have been educated on the new policies. Residents have been educated via resident council and individually about what to do if staff asked for money as well as information placed in their newsletter about what to do if asked about a gift. Resident trust accounts are monitored for large withdrawals and any outliers are investigated, and more specific documentation is required for resident purchases. The administrator audits this process. The facility's corrective actions were completed on 11/5/25.		