

### Certificate of Need Application Form

Name of Applicant Vermont Veterans Home  
Date of Application \_\_\_\_\_  
Project Title Kitchen Renovation  
Address Street 1 325 North Street  
Street 2 \_\_\_\_\_  
City/Town Bennington  
State VT  
Zip Code 05201  
Telephone number 802-447-16510  
FAX 802-447-6466  
E-mail address Melissa.Jackson@state.vt.us

Project Type & Amount (indicate  project category below)

#### Non-Hospital Categories

- Construction, development, purchase, renovation, or other establishment of a health care facility, or any capital expenditure by or on behalf of a health care facility, for which the capital cost exceeds \$1,500,000.
- A change from one licensing period to the next in the number of licensed beds of a health care facility through addition or conversion, or through relocation from one physical facility or site to another.
- Offering any home health service.
- The purchase, lease, or other comparable arrangement of a single piece of diagnostic or therapeutic equipment for which the cost, or in the case of a donation, the value, is in excess of \$1,000,000.
- Offering of a health care service or technology having an annual operating expense which exceeds \$500,000 for either of the next two budgeted fiscal years, if the service or technology was not offered or employed by the health care facility within the previous three fiscal years.
- A project which is exempt from the requirements above solely because the cost or value does not exceed financial thresholds, if the cost or value is greater than \$750,000 or, in the case of medical equipment, \$500,000 and if the commissioner finds that the proposed development:
  1. may be inconsistent with the health resource allocation plan;
  2. has the potential for significantly increasing utilization or rates; or
  3. may substantially change the type, scope or volume of service.

For purposes of this subdivision, the purchase or lease of one or more articles of medical equipment which are necessarily interdependent in the performance of their ordinary functions or which would constitute any health care facility as determined by the commissioner, are considered together in calculating the amount of an expenditure.

Project Type & Amount, continued

Hospital Categories

- Construction, development, purchase, renovation, or other establishment of a health care facility, or any capital expenditure by or on behalf of a health care facility, for which the capital cost exceeds \$3,000,000.
- The purchase, lease, or other comparable arrangement of a single piece of diagnostic or therapeutic equipment for which the cost, or in the case of a donation, the value, is in excess of \$1,000,000.<sup>2</sup>
- Offering a health care service or technology having an annual operating expense which exceeds \$500,000 for either of the next two budgeted fiscal years, if the service or technology was not offered or employed by the hospital within the previous three fiscal years.
- Change from one licensing period to the next in the number of licensed beds of a health care facility through addition or conversion, or through relocation from one physical facility or site to another.

Proposed Capital Expenditure (Total from Table 1 in application)

\$ 1,779,200

Proposed Lease Amount (payment times term)

\$ \_\_\_\_\_

Please note:

The Chief Executive Officer of the applying entity must sign and attach verification form 'A'.

<sup>2</sup> See footnote 1.

## **Vermont Veterans' Home Infrastructure- Kitchen Renovation Project**

### **Background**

Two decades after the Civil War ended the formerly young soldiers of the Grand Army of the Republic were becoming middle aged and elderly. Some of those ex-soldiers needed housing and medical assistance. The Vermont Veterans' Home was established as a corporation of the State of Vermont 131 years ago to provide that assistance. It is located on what was a 200 acre farm on the north side of the Town of Bennington. Three years after incorporation the first resident of the Home was accepted for care.

Back then and through the early twentieth century, the Home was a working farm with cattle, horses, pigs and poultry. It also had a menagerie of small animals as an attraction for children. As a self contained community it provided its own meats and produce for the Home's consumption.

Over time it expanded with many new buildings to care for veterans. Some of those buildings along with 83 acres of land remain.

The Home is currently certified for 130 Skilled Nursing beds and 8 Domiciliary beds. It has 4 separate resident care units spread over a space the size of a football field (approximately 140,000 square feet). The existing resident buildings are one story and inter-connected. However, the wings were built at different times. The oldest, North wing, is 44 years old and the youngest, A wing, is 24 years old, both were renovated in 2011 - 2012.

Currently we care for 138 Veterans and their spouses/widows. Our Veterans represent every branch of the United States Military and have served in World War II, Korea, Vietnam, the Gulf War, and during peace time. The average age of our Veterans is 82, our youngest is 45 and our oldest is 93. Most of our Veterans are from Vermont and New York but we have Veterans from as far away as New Mexico residing with us.

### **Current Status of Kitchen**

The facility's kitchen was originally built in 1976 and was last remodeled in 1985. The current square footage is 6,014 square feet. The dietary staff prepares 132,000 meals annually. Despite being a very large space it is not efficiently laid out. This results in delays at meal times and cold food. The facility recently received three deficiencies during our annual survey by State of Vermont Department of Licensing and Protection, March 26 to 28, 2012, related to dietary services. The deficiencies were F Tag 362, F364, F, 371, each revolved around late meal delivery times and cold food.

One of the major obstacles for the kitchen is the lack of storage space. Dry good are currently stored in the basement. This requires additional steps and employee time when checking in stock or bringing stock up into the kitchen. When inventory arrives it is checked in and the cartons/boxes are placed on a manual conveyer belt that covers a flight of stairs. Each item is placed on this belt and sent to the bottom of the stair where another employee is awaiting the arrival of the box. This employee has to remove the box from the conveyer belt and then remove the items from the boxes/cartons and then place the items on the appropriate shelves. When an item is needed from the basement and employee must first go to the basement, load the items onto a hand truck, ride the elevator to the first floor; transport the items into the kitchen where they can be used. The storage space in the walk in freezer is inadequate. The freezer space is too small which limits the facility's ability to keep stock on hand. This result in items being stored on milk crates in the walk way of the freezer and additional deliveries from our food vendors.

Items such as bread need to remain on the delivery trays from the vendor. These trays are placed on a wheeled base and moved into a service corridor as there is no other storage area available for this product. The bread is moved several times a day to allow staff to access the back hallway and to keep the area around the stairwell clear. When bread is needed in the kitchen, dietary staff must leave the kitchen and access the corridor to bring bread into the kitchen. This is not an idea storage situation.

The freezer and refrigerator are 25 years old and past their useful life. Due to their age it is difficult to obtain replacement parts. If one or both of these units fail the facility's back up plan is to rent refrigerated tractor trailer trucks until such time the refrigerator or freezer can be repaired/replaced. If this scenario came to fruition, this would require the dietary staff to go outside of the building to obtain the supplies they needed to prepare meals. With the exception of the refrigerator and freezer all other major equipment with the kitchen would remain and are not in need of replacement.

Storage of items in between meals is an issue. The current layout of the kitchen does not provide ample storage space for items such as meal carts, clean dishes, pots and pans. Meal carts a "parked" in whatever free space might be available; this results in the carts having to be moved several times a day to move other equipment throughout the kitchen.

Currently the kitchen's dish room containing the dishwasher is on one side of the kitchen and the area for washing pots and pans is on the other. This requires the use of additional staff to ensure these job tasks are completed each day.

### **The Solution- Renovation of kitchen**

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The Home is proposing a multifaceted approach to resolve these issues and is requesting Department of Veterans Affairs State Home Construction Grant Program funding so we can accomplish these goals and improve the level of care that we are providing to our residents.

The solution contains six key elements:

1. Redesign current kitchen space to be a more efficient work space.
2. Increase and improve current food storage, allowing all provisions to be stored on the same level of the building as the kitchen and eliminating the need to use the basement of the facility for storage.
3. Replace aging walk in freezer and to allow for additional freezer storage space.
4. Replace aging walk in refrigerator
5. Replace aging stoves, ovens, flat top grills, and cooked food heated storage units.
6. Contract with a Kitchen Consultant to ensure the renovation project meets facility needs and regulatory requirements of a healthcare kitchen.
7. Contract with an architectural design firm to redesign the kitchen.
8. Contract with a Construction Management team to complete the necessary construction work required for this project.

### Outcome

The desired outcome would be to have a more efficiently laid out kitchen that allows for adequate storage off all supplies, eliminating the need to store supplies in the basement and corridors. This will improve resident care by improving on time delivery of meals and ensuring food remains at the adequate temperature.

The relocation of supplies from the basement will result in less wasted time having to procure the supplies needed to prepare a meal as well as reduce the number of time an item must be lifted or carried, thus resulting in less opportunities for work related injuries. The establishment of a supply area on the same floor at the kitchen will ensure that the dry storage areas will remain at the proper temperatures and are in a clean environment. The maintenance of temperature is difficult to do in a basement that is subject to changes in temperature and on rare occasions has experienced minor water penetration.

The refrigerator and freezer would be replaced before they fail eliminating the need to rent expensive refrigerated trucks to keep fresh and frozen food at the proper temperatures. Additionally the renovation would allow for a larger freezer space reducing the need to store items on crates in the freezers walk way. This will make the locating of supplies easier for the staff and reduce the number of times they must move an item.

Other kitchen equipment would be replace before they fail resulting in the need to contract out food services and/or making an emergency purchase of equipment which would be a far more costly expense that a planned replacement.

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Relocating the pots and pans washing area in with the dishwasher will help to stream line the dishwashing process allowing staff to focus on meal preparation and improve the on time delivery of meals.

With this kitchen renovation the facility will be going away from the institutional tray service where meals are plated in the kitchen, covered, and placed in a meal cart and then transported to the unit when full. In its place 5 "Country Kitchens" will be placed on each of the nursing units and the facility's main dining room. This kitchen will include a steam table, and a refrigerator/freezer and ample storage space for any and all supplies needed during the meal services.

The kitchen will prepare the meals in the kitchen and they will be placed in catering pans and transported to each of the four country kitchens. Once at these kitchens the dietary staff, working closely with members of the nursing department, will serve each resident. The staff will ask the resident what they would like to have from the meals menu, the dietary staff will plate the resident's request and the nursing and other staff will deliver the plate to the resident. The residents will be able to observe this process as the kitchen will be in each of the dining rooms

The dining tables will be preset with all necessary utensils and condiments. The staff will access beverages and desserts from the country kitchen's refrigerator and additional condiments and other supplies will be readily accessible from the storage area in the kitchen. This storage area will consist of counter tops and cabinets that one would find in their own home.

The intent of this change is to bring a more home like environment to the resident's residing at this facility. The food will be served hot and will provide the resident's with more choice/input into their meals. Additionally asking the resident what they would like to have and then providing their choices to them will reduce food waste. Under the current tray system the food is delivered from the kitchen to the resident and if they do not want or like what is served the food is thrown away and an additional meal is made for the resident.

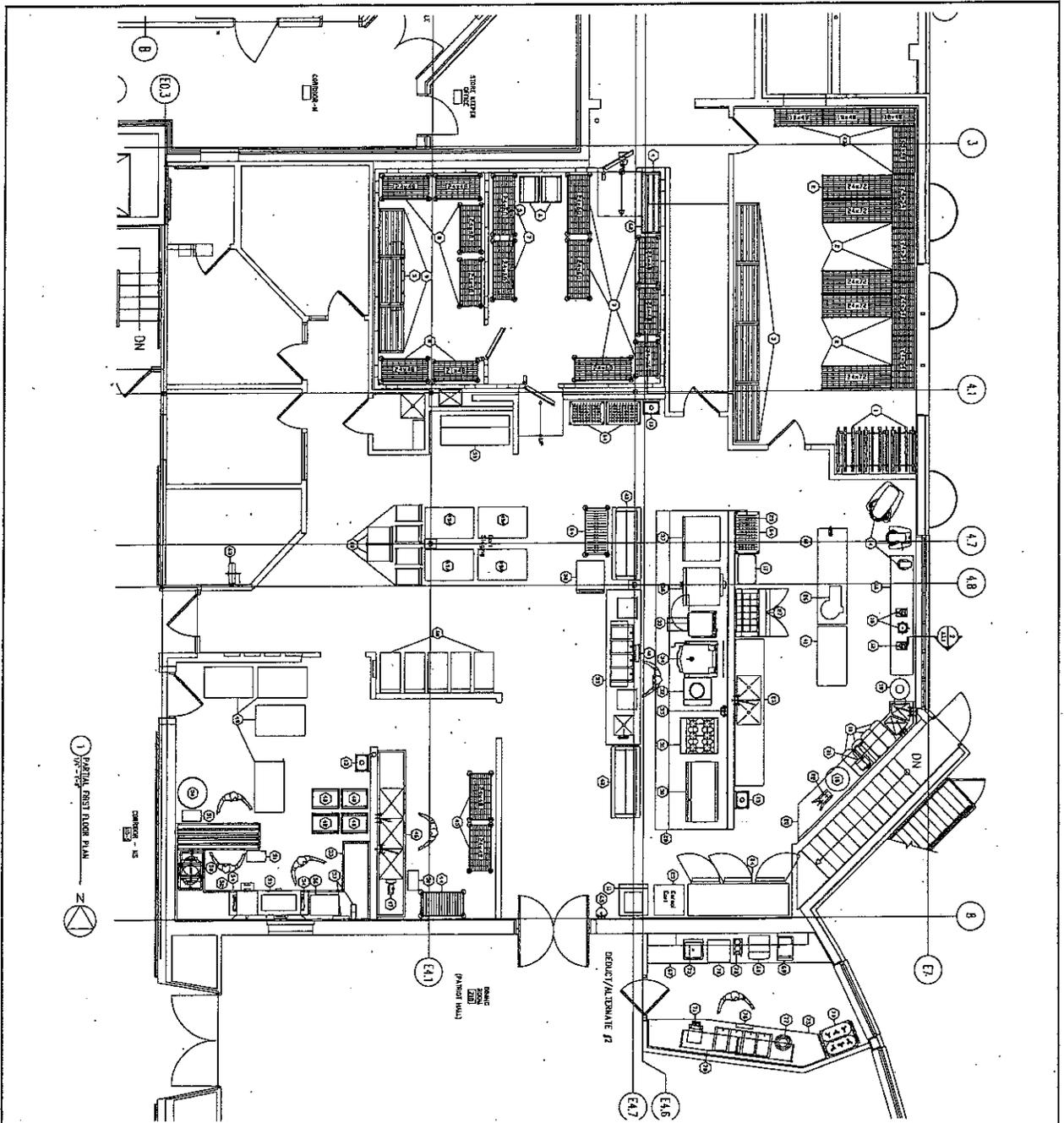
During the renovation the facility will use a temporary kitchen in the form of several tractor trailer size trucks. One truck will contain a refrigerator and freezer, another will maintain the necessary kitchen equipment and the third will serve as dishwashing facility's. All equipment will ensure that the facility prepares food in compliance with all local, State, and Federal regulations.

A ramp will be built from the various trailers to the facility to ensure that food carts and supplies can be moved to and from the facility without difficulty and reduce the possibility of employee injury from lifting heavy equipment and supplies. The set up and location of the temporary kitchen will be approved by the local health department and a detailed operational plan will be submitted to DAIL/Licensing and Protection for their approval prior to the implementation of the kitchen.

A detailed list of all equipment to be replaced or purchased is attached.

**Summary**

The kitchen renovation would encompass the current kitchen space; no additional space would be added to the facility. The project is projected to start March 1, 2016 and end by July 30, 2016. We are applied and were approved for VA grant to renovate the kitchen. This grant is in the amount of \$994,045.00. The State of Vermont is providing funding in the amount of \$545,255.00 making the project total of \$1,529,300.00



1 PATRIOT HALL FLOOR PLAN

ITEM	QTY.	DESCRIPTION
1	1	PAN RANGE
2	1	STORAGE SHELVING
3	1	WALK-IN COOLER/REEZER
4	1	WALK-IN FREEZER
5	1	WALK-IN FREEZER
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**VERMONT VETERANS' HOME**  
**BENNINGTON, VERMONT**  
**KITCHEN RENOVATION PROJECT**  
**MAIN KITCHEN AND PATRIOT HALL COUNTRY KITCHEN**  
**EQUIPMENT PLAN**

#50-012

**TIMOTHY D. SMITH & ASSOCIATES, P.C.**  
 ONE MAIN STREET  
 NORTH BENNINGTON  
 05257  
 802 442-6184

P.O. BOX 158  
 VERMONT 05257  
 FAX 442-9241

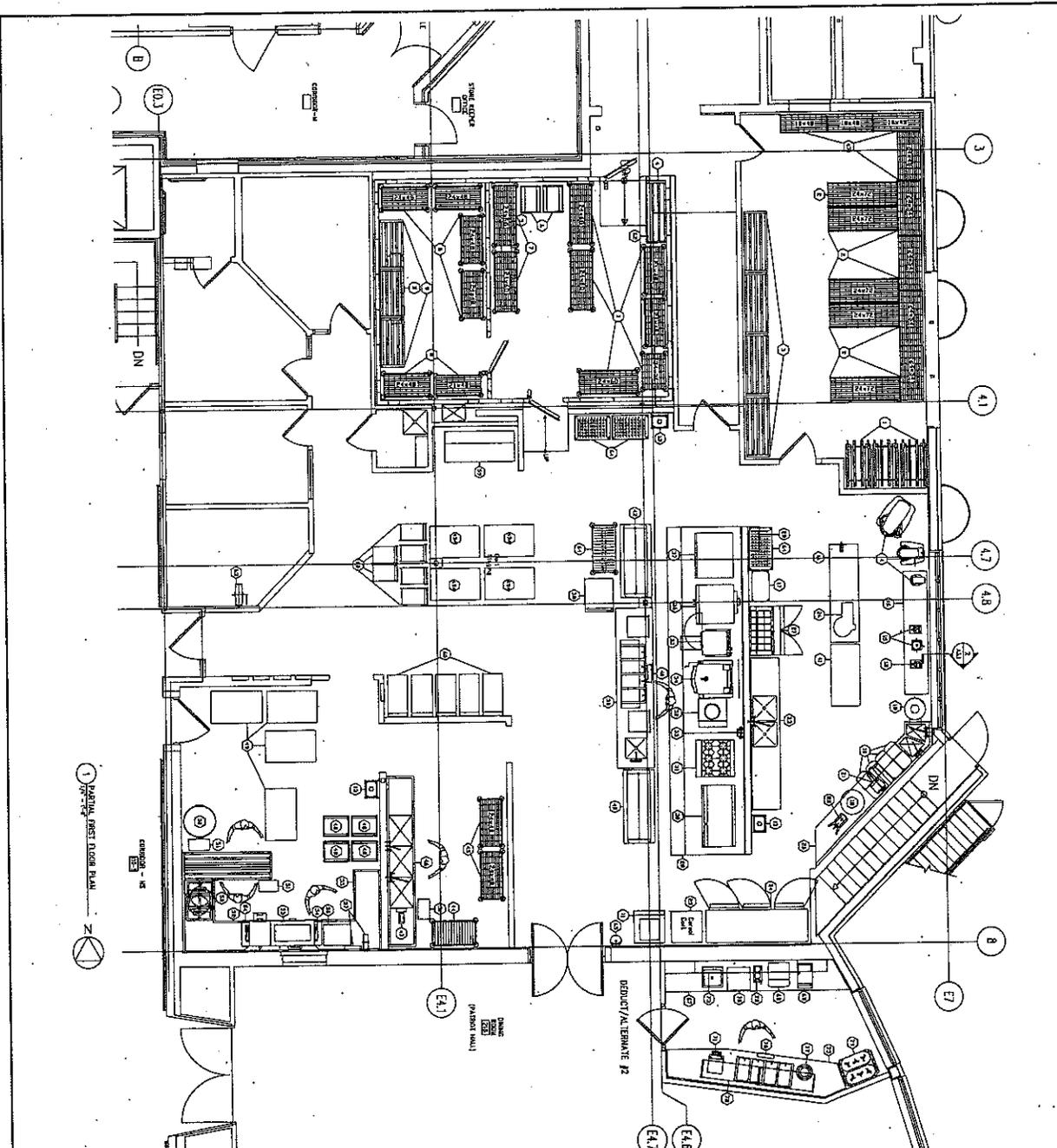
**Fatech**  
**FOOD EQUIPMENT TECHNOLOGY**  
*Food Service Excellence*  
 P.O. Box 484  
 Canastota, New York 13032

DATE: JAN. 26, 2018

JOB NO. 1505R.00

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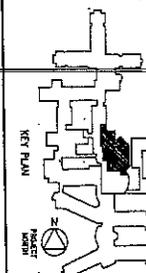
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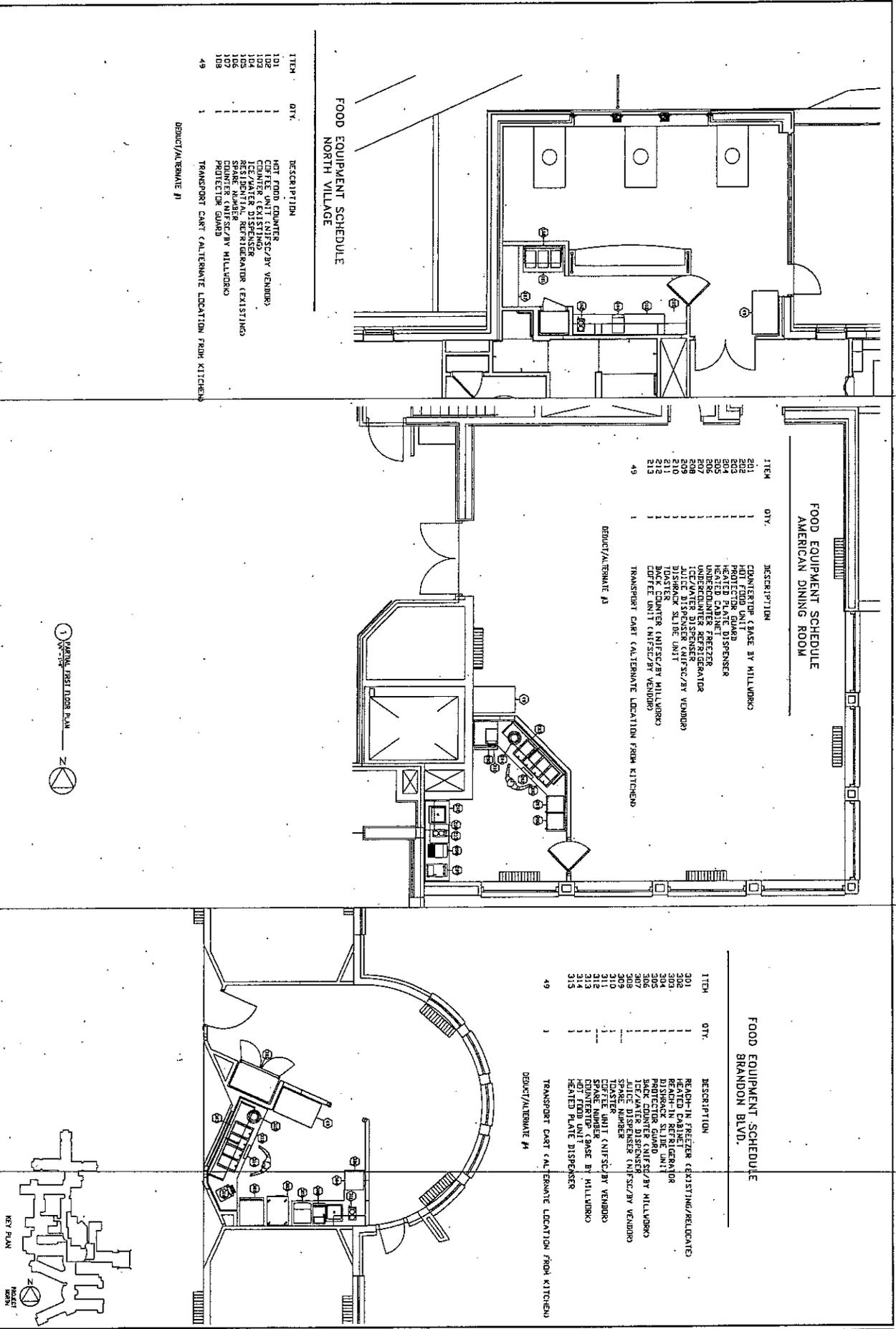
1 MAIN KITCHEN/PATRIOT HALL  
COUNTRY KITCHEN  
EQUIPMENT PLAN

FOOD EQUIPMENT SCHEDULE  
MAIN KITCHEN/PATRIOT HALL

ITEM	QTY.	DESCRIPTION
1	1	CAN RACKS
2	1	STORAGE SHELVING
3	1	STORAGE DRAWING CABINETS
4	1	MISCELLANEOUS SHELVING
5	1	MISCELLANEOUS SHELVING
6	1	ANGLE RACKS (EXISTING/RELOCATED)
7	1	CODLER SHELVING
8	1	FREEZER DRAWER
9	1	FREEZER DRAWER
10	1	ICE MACHINE (EXISTING/RELOCATED)
11	1	ICE MACHINE (INST. SCARY DIMERS)
12	1	HAND SINKS
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<b>FS-1</b> 100 SET 100 SET	VERMONT VETERANS' HOME BENNINGTON, VERMONT KITCHEN RENOVATION PROJECT MAIN KITCHEN AND PATRIOT HALL COUNTRY KITCHEN EQUIPMENT PLAN	#50-012	TIMOTHY D. SMITH & ASSOCIATES, P.C. ONE MAIN STREET NORTH BENNINGTON 802 442-8184	P.O. BOX 158 VERMONT 05227 FAX 442-5241		FOOD EQUIPMENT TECHNOLOGY Food Service Equipment P.O. Box 454 Conestoga, New York 13032	DATE: JAN. 26, 2016
	JOB NO. 15856.00 DWN. BY CK. BY						



**FOOD EQUIPMENT SCHEDULE  
NORTH VILLAGE**

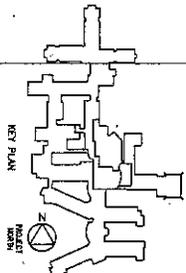
ITEM	QTY.	DESCRIPTION
101	1	HOT FOOD COUNTER
102	1	COFFEE UNIT (NIFSC/ BY VENDOR)
103	1	COUNTER (EXISTING)
104	1	ICE/WATER DISPENSER
105	1	REFRIGERATOR (EXISTING)
106	1	SPACE NUMBER
107	1	COUNTER (NIFSC/ BY MILLWORK)
108	1	PROTECTOR BOARD
49	1	TRANSPORT CART (ALTERNATE LOCATION FROM KITCHEN)

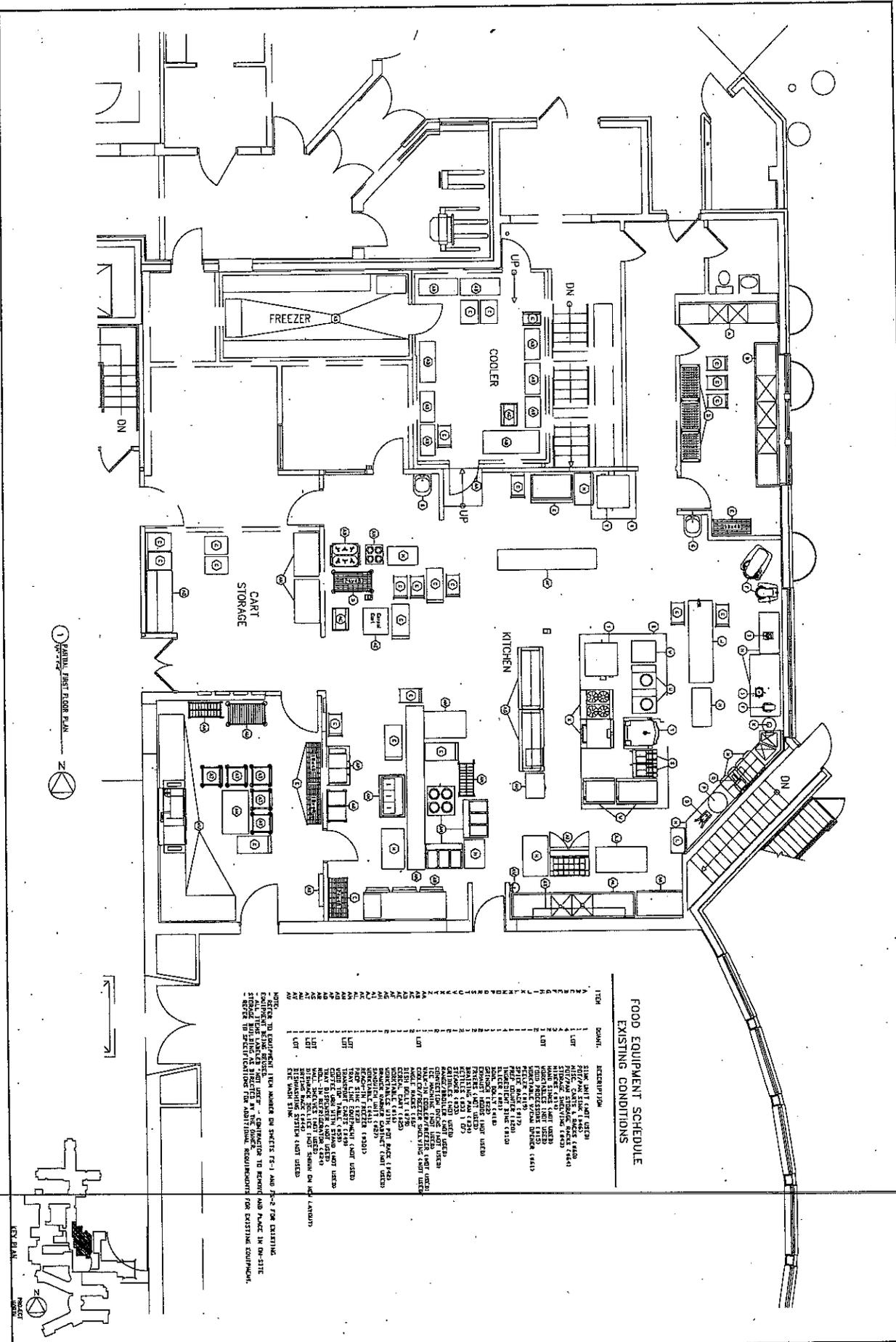
**FOOD EQUIPMENT SCHEDULE  
AMERICAN DINING ROOM**

ITEM	QTY.	DESCRIPTION
201	1	COUNTERTOP (BASE BY MILLWORK)
202	1	HOT FOOD UNIT
203	1	REFRIGERATOR
204	1	HEATED PLATE DISPENSER
205	1	HEATED CABINET
206	1	UNDERCOUNTER REFRIGERATOR
207	1	ICE/WATER DISPENSER
208	1	JUICE DISPENSER (NIFSC/ BY VENDOR)
209	1	JUICE DISPENSER (NIFSC/ BY VENDOR)
210	1	TOASTER & SLIDE UNIT
211	1	TOASTER
212	1	BACK COUNTER (NIFSC/ BY MILLWORK)
213	1	COFFEE UNIT (NIFSC/ BY VENDOR)
49	1	TRANSPORT CART (ALTERNATE LOCATION FROM KITCHEN)

**FOOD EQUIPMENT SCHEDULE  
BRANDON BLVD.**

ITEM	QTY.	DESCRIPTION
301	1	REACH-IN FREEZER (EXISTING/RELOCATED)
302	1	HEATED CABINET
303	1	DISPENSER SLIDE UNIT
304	1	REFRIGERATOR
305	1	BACK COUNTER (NIFSC/ BY MILLWORK)
306	1	ICE/WATER DISPENSER
307	1	ICE/WATER DISPENSER (NIFSC/ BY VENDOR)
308	1	SPACE NUMBER
309	1	TOASTER
310	1	COFFEE UNIT (NIFSC/ BY VENDOR)
311	1	REFRIGERATOR
312	1	COUNTERTOP (BASE BY MILLWORK)
313	1	HOT FOOD UNIT
314	1	HEATED PLATE DISPENSER
315	1	TRANSPORT CART (ALTERNATE LOCATION FROM KITCHEN)
49	1	TRANSPORT CART (ALTERNATE LOCATION FROM KITCHEN)





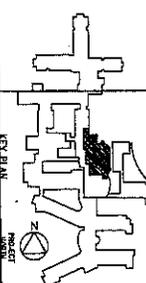
1 EXISTING FIRST FLOOR PLAN



**FOOD EQUIPMENT SCHEDULE  
EXISTING CONDITIONS**

ITEM	ROOM	DESCRIPTION
1	UP	REFrigerator (1980)
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99	UP	REFrigerator (1980)
100	UP	REFrigerator (1980)

NOTE: 1. OFFICE TO EQUIPMENT ITEM NUMBER BY SHEETS FS-1 AND FS-2 FOR EXISTING.  
2. ALL ITEMS LABELED "NOT USED" - CONTRACTOR TO REMOVE AND PLACE IN ON-SITE STORAGE OR SPECIFIC LOCATION FOR RECYCLING. REQUIREMENTS FOR EXISTING EQUIPMENT.



## §9437 Criteria

### (1) The application is consistent with the health resource allocation plan:

**Con Standard 1.9: Applicants proposing construction projects shall show that cost and methods of the posed construction are necessary and reasonable. Applicants shall show that the project is cost-effective and that reasonable energy conservation measures have been taken.**

This renovation is necessary due to the age of the facility and recent survey citations. This project is cost effective as our original plan for this project was scaled down after a review by a kitchen design consultant. Any lighting, mores, HVAC equipment, etc will meet or exceed energy code requirements.

**Con Standard 1.10: Applicants proposing new health care projects requiring construction shall show much project are energy efficient. As appropriate applicants shall show that Efficiency Vermont, or an organization with similar expertise has been consulted on the proposal.**

We will consult with Efficiency Vermont to ensure this project is energy efficient.

**Con Standard 1.11: Applicants prosing new health care projects requiring new construction shall demonstrate that new construction is the more appropriate alternative when compared to renovation.**

We are renovating the kitchen using the same foot print of our current kitchen. The goal is to make this space more efficient by using its current foot print.

**Con Standard: 1.12: New construction health care projects shall comply with the Guidelines for Design and Construction of Health Care Facilities as issued by the Facility Guidelines Instituted (FGI), 2014 edition.**

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### (2) The cost of the project is reasonable, because:

**a. The applicant financial condition will sustain any financial burden likely to result from completion of the project**

This project is being financed from a grant for the Veterans' Administration State Home Construction Grant Program in the amount of \$ 994,045.00 and Capital Funds from the State of Vermont in the amount of \$535,255.00. General operating funds for the home will not be used to finance this project thus eliminating any financial burden on the facility.

**b. The project will not result in an undue increase in the costs of medical care. In making a finding under this subdivision, the commissioner shall consider and weigh relevant factors including**

**i. The financial implications of the project on hospitals and other clinical settings, including the impact on their services, expenditures, and charges;**

As the only State Veterans' Home in Vermont the renovation of the kitchen would not impact other clinical settings including their services, expenditures and charges.

**ii. Whether the impact on services, expenditures, and charges is outweighed by the benefits of the project to the public;**

Due to lack of repair parts for major equipment such as the walk I refrigerator/freezer and the dishwasher to decline this project or to push off the start date could result in additional expenses such as the emergency renting of portable refrigeration/freezer units and purchase and emergency installation of anew dishwasher. Replacing these and other equipment in the kitchen prior to a major failure will be far more cost effective and beneficial to the public than an emergency replacement. In addition to the cost of the emergency repair non-operational kitchen equipment could result in deficient practice citations by the State and Federal government as well a monetary penalties associated with such practices.

**iii. Less expensive alternatives do not exist, would be unsatisfactory, or are not feasible or appropriate**

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The only alternative to this project are to contract a food vendor to provide for the daily dietary needs of our Veterans/ Members this

type of service is cost-prohibitive and relies on contracted workers instead of state employees to provide this service. Contracted services such as these are often more expensive than onsite food preparation. The facility will have little control over the quality of the food prepared by contracted vendors.

**(3) There is an identifiable, existing, or reasonably anticipated need for the proposed project which is appropriate for the applicant to provide**

As a skilled nursing facility we are required to provide three nutritionally balanced meals per day as well as have snack available to our residents between meals. As this is a regulatory required service the facility does not have the option not to provide this service. As mentioned above the cost of contracting this service is cost prohibitive.

**(4) The project will improve the quality of health care in the state or provide greater access to health care for Vermont's residents, or both**

The facility has received three deficiencies from the Centers of Medicare and Medicaid services related to food service from March 28, 2012 to March 26, 2014 They are as follows:

- March 28, 2012 F 362 Sufficient Dietary Support Personnel, details of this deficiency can be found on page 7 of 18 of the May 1, 2012 letter from the Division of Licensing and Protection(L&P)
- October 1, 2014 F371 Food Procure, Store/Prepare/Serve – Sanitary; details of this deficiency can be found on page 2 of 4 of the November 1, 2014 letter from L &P.
- March 26, 2014F 371 Food Procure Store/Prepare/Serve – Sanitary; details of this deficiency can be found on page 3 of 5 of the May 6, 2014 letter from L & P

The age of the kitchen, last renovated in the 1970's and its inefficient layout for food storage and preparation impacted the above mentioned deficiencies. This renovation project will address long standing issues in the kitchen with the grease trap; improper slope of the floor that results in standing water instead of water draining to the floor drains and improve the overall efficiency of the kitchen

and quality of food prepared and served to our Veterans/Members. The new design will allow for food storage to be on the same floor as the kitchen, it is currently located in the basement of the facility requiring staff to leave the kitchen to obtain items needed for meals. Additionally this new design eliminates the need for a tray line assembly in the kitchen. Meals will be prepared in the kitchen, placed in catering pans and then transported by warming carts to steam table set ups in each of the facility's four dining rooms. The prepared food will be placed in the steam table so to maintain required temperature and each Veteran's/Member's plate will be plated in the dining room and immediately service to them, thus eliminating the waiting time from when the first tray is placed in the warming cart in the kitchen until the warming cart full of all Veteran/Member trays arrives at their respective neighborhood. The renovation of the kitchen and the plating of food in each of the dining rooms helps to move the facility to a more homelike environment for those that live here. It has been the focus of CMS and various other organizations to have nursing home care move from an institutional setting to a home like setting where every possible. This design helps the facility achieve this goal.

**(5) The project will not have an undue adverse impact on any other existing services provided by the applicant**

This project will improve the food services provided to the Veterans and Members of this facility. Food will be served at required temperatures in a more home like environment. The renovation of the kitchen will improve the efficiency in which the dietary staff can prepare meals and handle special requests.

**(6) The project will serve the public good**

As the only State Veterans' Home in Vermont, providing services to Veterans, their spouses/Widows and Gold Star Parents the kitchen renovation project will allow the facility to provide high quality food service to those Veterans/Members residing in the Home. As an agency of the State of Vermont supported by General Funds this project will help to ensure that we are providing food services as efficiently as cost-effective way possible.

Verification Under Oath

**STATE OF VERMONT  
GREEN MOUNTAIN CARE BOARD**

In re:

)  
)     Docket No. \_\_\_\_\_  
)  
)

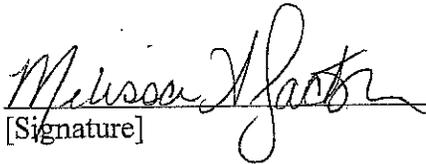
Verification Under Oath to file with Certificate of Need Application, correspondence and additional information subsequent to filing an Application.

[Officer or other deponent], being duly sworn, states on oath as follows:

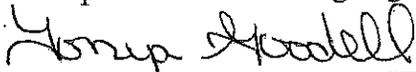
1. My name is Melissa A. Jackson. I am the Chief Executive Officer of the Vermont Veterans' Home. I have reviewed the Certificate of Need (CON) Application for the facility's kitchen renovation project.
2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in the CON Application is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact.
3. My personal knowledge of the truth, accuracy and completeness of the information contained in the CON Application is based upon either my actual knowledge of the subject information or upon information reasonably believed by me to be true and reliable and provided to me by the individuals identified below in paragraph 4. Each of these individuals has also certified that the information they have provided is true, accurate and complete, does not contain any untrue statement of a material fact and does not omit to state a material fact.
4. The following individuals have provided information or documents to me in connection with CON Application and each individual has certified, based either upon his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the individual to be reliable, that the information or documents provided are true, accurate and complete, do not contain any untrue statement of a material fact, and do not omit to state a material fact:

Melissa A. Jackson, CEO Vermont Veterans' Home  
Steve McClafferty, Finance Director Vermont Veterans' Home  
Peter Hack, State of Vermont Buildings and General Services  
Timothy D. Smith and Associates, PC, Architects  
Friedman Fisher Associates, PC, Mechanical, electrical, Plumbing Engineers  
Fetech, Food Service Consultants  
Novelli Engineering, Structural Engineers

5. In the event that the information contained in the CON Application becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to notify the Green Mountain Care Board and to supplement the CON Application as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.

  
[Signature]

On April 25, 2016, Melissa A. Jackson appeared before me and swore to the truth, accuracy and completeness of the foregoing.

  
\_\_\_\_\_

Notary public

My commission expires 02/10/19

[Seal]

Vermont Veterans' Home  
Kitchen Project

## Required Tables

When completing the tables please note that you need only fill-in the shaded fields. Fields with diagonal lines indicating N/A do not require an entry. The CON Application Form tables, when completed electronically, are set up to calculate totals as well as pre-populate fields in other tables for you. If you have any questions please contact Division staff. Also, please contact Division staff prior to determining if a given table may not be applicable for your project.

Applicants are encouraged to submit an electronic version of a completed application via attachment to email. Please send electronic versions as attachments to email addressed to: [jgarson@bishca.state.vt.us](mailto:jgarson@bishca.state.vt.us)

<u>Table</u>	<u>Description</u>
1	Project Costs
2	Debt Financing Arrangement: Sources & Uses of Funds
3A	Income Statement: Without Project
3B	Income Statement: Project Only
3C	Income Statement: With Project (no 'fill-in' required)
4A	Balance Sheet - Unrestricted Funds: Without Project
4B	Balance Sheet - Unrestricted Funds: Project Only
4C	Balance Sheet - Unrestricted Funds: With Project (no 'fill-in' required)
5A	Statement of Cash Flows: Without Project
5B	Statement of Cash Flows: Project Only
5C	Statement of Cash Flows: With Project (no 'fill-in' required)
6A	Revenue Source Projections: Without Project
6B	Revenue Source Projections: Project Only
6C	Revenue Source Projections: With Project (no 'fill-in' required)
7	Utilization Projections: Totals
8	Utilization Projections: Project Specific
9	Staffing Projections: Totals

NOTE: When completing this table make entries in the shaded fields only.

**Vermont Veterans' Home  
Kitchen Project  
TABLE 1  
PROJECT COSTS**

<b>Construction Costs</b>	
1. New Construction	\$ 502,000
2. Renovation	\$0
3. Site Work	61,500
4. Fixed Equipment	546,000
5. Design/Bidding Contingency	\$0
6. Construction Contingency	\$100,000
7. Construction Manager Fee	-
8. Other (please specify)	-
Subtotal	<b>\$ 1,209,500</b>
<b>Related Project Costs</b>	
1. Major Moveable Equipment	\$ 400,000
2. Furnishings, Fixtures & Other Equip.	\$0
3. Architectural/Engineering Fees	\$166,700
4. Land Acquisition	-
5. Purchase of Buildings	-
6. Administrative Expenses & Permits	\$3,000
7. Debt Financing Expenses (see below)	-
8. Debt Service Reserve Fund	-
9. Working Capital	-
10. Other (please specify)	-
Subtotal	<b>\$ 569,700</b>
<b>Total Project Costs</b>	<b>\$ 1,779,200</b>

<b>Debt Financing Expenses</b>	
1. Capital Interest	\$ -
2. Bond Discount or Placement Fee	-
3. Misc. Financing Fees & Exp. (issuance costs)	-
4. Other	-
Subtotal	<b>\$ -</b>
<b>Less Interest Earnings on Funds</b>	
1. Debt Service Reserve Funds	\$ -
2. Capitalized Interest Account	-
3. Construction Fund	-
4. Other	-
Subtotal	<b>\$ -</b>
<b>Total Debt Financing Expenses</b>	<b>\$ -</b>
feeds to line 7 above	

NOTE: When completing this table make entries in the shaded fields only.

Vermont Veterans' Home  
Kitchen Project

TABLE 2  
DEBT FINANCING ARRANGEMENT, SOURCES & USES OF FUNDS

Sources of Funds		
1. Financing Instrument	Bond	
a. Interest Rate	0.0%	
b. Loan Period	To:	
c. Amount Financed		\$ -
2. Equity Contribution		1,779,200
3. Other Sources		
a. Working Capital		
b. Fundraising		
c. Grants		
d. Other		
<b>Total Required Funds</b>		<b>\$ 1,779,200</b>

Uses of Funds		
<u>Project Costs (feeds from Table 1)</u>		
1. New Construction		\$ 502,000
2. Renovation		-
3. Site Work		61,500
4. Fixed Equipment		546,000
5. Design/Bidding Contingency		-
6. Construction Contingency		100,000
7. Construction Manager Fee		-
8. Major Moveable Equipment		400,000
9. Furnishings, Fixtures & Other Equip.		-
10. Architectural/Engineering Fees		166,700
11. Land Acquisition		-
12. Purchase of Buildings		-
13. Administrative Expenses & Permits		3,000
14. Debt Financing Expenses		-
15. Debt Service Reserve Fund		-
16. Working Capital		-
17. Other (please specify)		-
<b>Total Uses of Funds</b>		<b>\$ 1,779,200</b>

Total sources should equal total uses of funds.

NOTE: When completing this table make entries in the shaded fields only.

**Vermont Veterans' Home  
Kitchen Project  
TABLE 3A  
INCOME STATEMENT  
WITHOUT PROJECT**

	Latest Actual 2015	Budget 2016	Proposed Year 1 2017	Proposed Year 2 2018	Proposed Year 3 2019
<b>Revenues</b>					
Inpatient Care Revenue	\$ -	\$ -	\$ -	\$ -	\$ -
Outpatient Care Revenue	-	-	-	-	-
Chronic/Rehab Revenue	-	-	-	-	-
SNF/ECF Patient Care Revenue	18,721,461	17,469,416	17,186,211	17,186,211	17,186,211
Swing Beds Patient Care Revenue	-	-	-	-	-
<b>Gross Patient Care Revenue</b>	<b>\$ 18,721,461</b>	<b>\$ 17,469,416</b>	<b>\$ 17,186,211</b>	<b>\$ 17,186,211</b>	<b>\$ 17,186,211</b>
Disproportionate Share Payments	\$ -	\$ -	\$ -	\$ -	\$ -
Free Care & Bad Debt	(3,134,185)	(2,182,915)	(2,000,751)	(2,000,751)	(2,000,751)
Deductions from Revenue	-	-	-	-	-
<b>Net Patient Care Revenue</b>	<b>\$ 15,587,276</b>	<b>\$ 15,286,501</b>	<b>\$ 15,185,460</b>	<b>\$ 15,185,460</b>	<b>\$ 15,185,460</b>
Other Operating Revenue	6,509,780	5,893,909	6,874,623	6,874,623	6,874,623
<b>Total Operating Revenue</b>	<b>\$ 22,097,056</b>	<b>\$ 21,180,410</b>	<b>\$ 22,060,083</b>	<b>\$ 22,060,083</b>	<b>\$ 22,060,083</b>
<b>Operating Expense</b>					
Salaries (Non-MD)	\$ 8,602,220	\$ 9,779,340	\$ 10,355,408	\$ 10,355,408	\$ 10,355,408
Frings Benefits (Non-MD)	5,144,902	4,668,523	4,764,470	4,764,470	4,764,470
Physician Fees/Salaries/Contracts/Fringe	322,147	355,500	355,500	355,500	355,500
Health Care Provider Tax	790,814	639,470	639,470	639,470	639,470
Depreciation/Amortization	1,185,993	1,168,000	1,168,000	1,168,000	1,168,000
Interest**	-	-	-	-	-
Other Operating Expense	4,468,564	6,043,360	6,251,018	6,251,018	6,251,018
<b>Total Operating Expense</b>	<b>\$ 20,514,640</b>	<b>\$ 22,654,193</b>	<b>\$ 23,533,866</b>	<b>\$ 23,533,866</b>	<b>\$ 23,533,866</b>
<b>Net Operating Income (Loss)</b>	<b>\$ 1,582,416</b>	<b>\$ (1,473,783)</b>	<b>\$ (1,473,783)</b>	<b>\$ (1,473,783)</b>	<b>\$ (1,473,783)</b>
Non-Operating Revenue	(72,858)	-	-	-	-
<b>Excess (Deficit) of Rev Over Exp</b>	<b>\$ 1,509,558</b>	<b>\$ (1,473,783)</b>	<b>\$ (1,473,783)</b>	<b>\$ (1,473,783)</b>	<b>\$ (1,473,783)</b>

Latest actual numbers should tie to the hospital budget process.

NOTE: When completing this table make entries in the shaded fields only.

**Vermont Veterans' Home  
Kitchen Project  
TABLE 3B  
INCOME STATEMENT  
PROJECT ONLY**

	Latest Actual 2015	Budget 2016	Proposed Year 1 2017	Proposed Year 2 2018	Proposed Year 3 2019
<b>Revenues</b>					
Inpatient Care Revenue	N/A	\$ -	\$ -	\$ -	\$ -
Outpatient Care Revenue	N/A	-	-	-	-
Chronic/Rehab Revenue	N/A	-	-	-	-
SNF/ECF Patient Care Revenue	N/A	-	-	-	-
Swing Beds Patient Care Revenue	N/A	-	-	-	-
<b>Gross Patient Care Revenue</b>		\$ -	\$ -	\$ -	\$ -
Disproportionate Share Payments	N/A	\$ -	\$ -	\$ -	\$ -
Free Care & Bad Debt	N/A	-	-	-	-
Deductions from Revenue	N/A	-	-	-	-
<b>Net Patient Care Revenue</b>	N/A	\$ -	\$ -	\$ -	\$ -
Other Operating Revenue	N/A	-	-	-	-
<b>Total Operating Revenue</b>	N/A	\$ -	\$ -	\$ -	\$ -
<b>Operating Expense</b>					
Salaries (Non-MD)	N/A	\$ -	\$ -	\$ -	\$ -
Fringes Benefits (Non-MD)	N/A	-	-	-	-
Physician Fees/Salaries/Contracts/Fringe	N/A	-	-	-	-
Health Care Provider Tax	N/A	-	-	-	-
Depreciation/Amortization	N/A	-	-	44,480	88,960
Interest	N/A	-	-	-	-
Other Operating Expense	N/A	-	-	-	-
<b>Total Operating Expense</b>	N/A	\$ -	\$ -	\$ 44,480	\$ 88,960
<b>Net Operating Income (Loss)</b>	N/A	\$ -	\$ -	\$ (44,480)	\$ (88,960)
Non-Operating Revenue	N/A	-	-	-	-
<b>Excess (Deficit) of Rev Over Exp</b>	N/A	\$ -	\$ -	\$ (44,480)	\$ (88,960)

Latest actual numbers should tie to the hospital budget process.

NOTE: This table requires no 'fill-in' as it is populated automatically from Tables 3A & 3B.

**Vermont Veterans' Home  
Kitchen Project  
TABLE 3C  
INCOME STATEMENT  
WITH PROJECT**

	Latest Actual 2015	Budget 2016	Proposed Year 1 2017	Proposed Year 2 2018	Proposed Year 3 2019
<b>Revenues</b>					
Inpatient Care Revenue	#VALUE!	\$ -	\$ -	\$ -	\$ -
Outpatient Care Revenue	#VALUE!	-	-	-	-
Chronic/Rehab Revenue	#VALUE!	-	-	-	-
SNF/ECF Patient Care Revenue	#VALUE!	17,469,416	17,186,211	17,186,211	17,186,211
Swing Beds Patient Care Revenue	#VALUE!	-	-	-	-
<b>Gross Patient Care Revenue</b>	#VALUE!	\$ 17,469,416	\$ 17,186,211	\$ 17,186,211	\$ 17,186,211
Disproportionate Share Payments	#VALUE!	\$ -	\$ -	\$ -	\$ -
Free Care & Bad Debt	#VALUE!	(2,182,915)	(2,000,751)	(2,000,751)	(2,000,751)
Deductions from Revenue	#VALUE!	-	-	-	-
<b>Net Patient Care Revenue</b>	#VALUE!	\$ 15,286,501	\$ 15,185,460	\$ 15,185,460	\$ 15,185,460
Other Operating Revenue	#VALUE!	5,893,909	6,874,623	6,874,623	6,874,623
<b>Total Operating Revenue</b>	#VALUE!	\$ 21,180,410	\$ 22,060,083	\$ 22,060,083	\$ 22,060,083
<b>Operating Expense</b>					
Salaries (Non-MD)	#VALUE!	\$ 9,779,340	\$ 10,355,408	\$ 10,355,408	\$ 10,355,408
Fringe Benefits (Non-MD)	#VALUE!	4,668,523	4,764,470	4,764,470	4,764,470
Physician Fees/Salaries/Contracts/Fringe	#VALUE!	355,500	355,500	355,500	355,500
Health Care Provider Tax	#VALUE!	639,470	639,470	639,470	639,470
Depreciation/Amortization	#VALUE!	1,168,000	1,168,000	1,212,480	1,256,960
Interest	#VALUE!	-	-	-	-
Other Operating Expense	#VALUE!	6,043,360	6,251,018	6,251,018	6,251,018
<b>Total Operating Expense</b>	#VALUE!	\$ 22,654,193	\$ 23,533,866	\$ 23,578,346	\$ 23,622,826
<b>Net Operating Income (Loss)</b>	#VALUE!	\$ (1,473,783)	\$ (1,473,783)	\$ (1,518,263)	\$ (1,562,743)
Non-Operating Revenue	#VALUE!	-	-	-	-
<b>Excess (Deficit) of Rev Over Exp</b>	#VALUE!	\$ (1,473,783)	\$ (1,473,783)	\$ (1,518,263)	\$ (1,562,743)

Latest actual numbers should tie to the hospital budget process.

NOTE: When completing this table make entries in the shaded fields only.

**Vermont Veterans' Home  
Kitchen Project  
TABLE 4A  
BALANCE SHEET - UNRESTRICTED FUNDS  
WITHOUT PROJECT**

ASSETS	Latest Actual 2015	Budget 2016	Proposed Year 1 2017	Proposed Year 2 2018	Proposed Year 3 2019
<b>Current Assets</b>					
Cash & Investments	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50
Patient Accounts Receivable, Gross	1,653,825	1,653,825	1,653,825	1,653,825	1,653,825
Less: Allowance for Uncollectable Accts.					
Due from Third Parties	1,090,984	1,090,984	1,090,984	1,090,984	1,090,984
Other Current Assets	133,710	133,710	133,710	133,710	133,710
<b>Total Current Assets</b>	<b>\$ 2,878,569</b>	<b>\$ 2,878,569</b>	<b>\$ 2,878,569</b>	<b>\$ 2,878,569</b>	<b>\$ 2,878,569</b>
<b>Board Designated Assets</b>					
Funded Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -
Escrowed Bond Funds					
Other					
<b>Total Board Designated Assets</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Property, Plant &amp; Equipment</b>					
Land, Buildings & Improvements	\$ 31,466,604	\$ 31,466,604	\$ 31,466,604	\$ 31,466,604	\$ 31,466,604
Fixed Equipment					
Major Moveable Equipment					
Construction in Progress					
<b>Total Property, Plant &amp; Equipment</b>	<b>\$ 31,466,604</b>	<b>\$ 31,466,604</b>	<b>\$ 31,466,604</b>	<b>\$ 31,466,604</b>	<b>\$ 31,466,604</b>
<b>Less: Accumulated Depreciation</b>					
Land, Buildings & Improvements	\$ (18,602,843)	\$ (19,770,843)	\$ (20,938,843)	\$ (21,561,843)	\$ (22,728,843)
Fixed Equipment					
Major Moveable Equipment					
<b>Total Accumulated Depreciation</b>	<b>\$ (18,602,843)</b>	<b>\$ (19,770,843)</b>	<b>\$ (20,938,843)</b>	<b>\$ (21,561,843)</b>	<b>\$ (22,729,843)</b>
<b>Total Net Property, Plant &amp; Equipment</b>	<b>\$ 12,863,761</b>	<b>\$ 11,695,761</b>	<b>\$ 10,527,761</b>	<b>\$ 9,904,761</b>	<b>\$ 8,736,761</b>
<b>Other Long-Term Assets</b>	<b>\$ 940,435</b>	<b>\$ 940,435</b>	<b>\$ 940,435</b>	<b>\$ 940,435</b>	<b>\$ 940,435</b>
<b>TOTAL ASSETS</b>	<b>\$ 16,682,765</b>	<b>\$ 15,514,765</b>	<b>\$ 14,346,765</b>	<b>\$ 13,723,765</b>	<b>\$ 12,555,765</b>
<b>LIABILITIES AND FUND BALANCE</b>					
<b>Current Liabilities</b>					
Accounts Payable	\$ 217,598	\$ 217,598	\$ 217,598	\$ 217,598	\$ 217,598
Salaries, Wages & Payroll Taxes Payable	1,116,819	1,116,819	1,116,819	1,116,819	1,116,819
Estimated Third-Party Settlements					
Other Current Liabilities	857,536	857,536	857,536	857,536	857,536
Current Portion of Long-Term Debt					
<b>Total Current Liabilities</b>	<b>\$ 2,191,953</b>	<b>\$ 2,191,953</b>	<b>\$ 2,191,953</b>	<b>\$ 2,191,953</b>	<b>\$ 2,191,953</b>
<b>Long-Term Debt</b>					
Bonds & Mortgages Payable	\$ -	\$ -	\$ -	\$ -	\$ -
Capital Lease Obligations					
Other Long-Term Debt					
<b>Total Long-Term Debt</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Total Other Non-Current Liabilities</b>	<b>\$ 8,152,309</b>	<b>\$ 8,152,309</b>	<b>\$ 8,152,309</b>	<b>\$ 8,152,309</b>	<b>\$ 8,152,309</b>
<b>Total Liabilities</b>	<b>\$ 10,344,262</b>	<b>\$ 10,344,262</b>	<b>\$ 10,344,262</b>	<b>\$ 10,344,262</b>	<b>\$ 10,344,262</b>
<b>Fund Balance</b>	<b>\$ 6,338,503</b>	<b>\$ 5,170,503</b>	<b>\$ 4,002,503</b>	<b>\$ 3,379,503</b>	<b>\$ 2,211,503</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>\$ 16,682,765</b>	<b>\$ 15,514,765</b>	<b>\$ 14,346,765</b>	<b>\$ 13,723,765</b>	<b>\$ 12,555,765</b>

NOTE: When completing this table make entries in the shaded fields only.

**Vermont Veterans' Home  
Kitchen Project  
TABLE 4B  
BALANCE SHEET - UNRESTRICTED FUNDS  
PROJECT ONLY**

ASSETS	Latest Actual 2015	Budget 2016	Proposed Year 1 2017	Proposed Year 2 2018	Proposed Year 3 2019
<b>Current Assets</b>					
Cash & Investments	\$ -	\$ -	\$ -	\$ -	\$ -
Patient Accounts Receivable, Gross	\$ -	\$ -	\$ -	\$ -	\$ -
Less: Allowance for Uncollectable Accts.	\$ -	\$ -	\$ -	\$ -	\$ -
Due from Third Parties	\$ -	\$ -	\$ -	\$ -	\$ -
Other Current Assets	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Current Assets</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Board Designated Assets</b>					
Funded Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -
Escrowed Bond Funds	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Board Designated Assets</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Property, Plant &amp; Equipment</b>					
Land, Buildings & Improvements	\$ -	\$ -	\$ -	\$ 1,779,200	\$ 1,779,200
Fixed Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Major Moveable Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Construction in Progress	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Property, Plant &amp; Equipment</b>	\$ -	\$ -	\$ -	\$ 1,779,200	\$ 1,779,200
<b>Less: Accumulated Depreciation</b>					
Land, Buildings & Improvements	\$ -	\$ -	\$ -	\$ (44,480)	\$ (88,960)
Fixed Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Major Moveable Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Accumulated Depreciation</b>	\$ -	\$ -	\$ -	\$ (44,480)	\$ (88,960)
<b>Total Net Property, Plant &amp; Equipment</b>	\$ -	\$ -	\$ -	\$ 1,734,720	\$ 1,690,240
<b>Other Long-Term Assets</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL ASSETS</b>	\$ -	\$ -	\$ -	\$ 1,734,720	\$ 1,690,240
<b>LIABILITIES AND FUND BALANCE</b>					
<b>Current Liabilities</b>					
Accounts Payable	\$ -	\$ -	\$ -	\$ -	\$ -
Salaries, Wages & Payroll Taxes Payable	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated Third-Party Settlements	\$ -	\$ -	\$ -	\$ -	\$ -
Other Current Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -
Current Portion of Long-Term Debt	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Current Liabilities</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Long-Term Debt</b>					
Bonds & Mortgages Payable	\$ -	\$ -	\$ -	\$ -	\$ -
Capital Lease Obligations	\$ -	\$ -	\$ -	\$ -	\$ -
Other Long-Term Debt	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Long-Term Debt</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Other Non-Current Liabilities</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Liabilities</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Fund Balance</b>	\$ -	\$ -	\$ -	\$ 1,734,720	\$ 1,690,240
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	\$ -	\$ -	\$ -	\$ 1,734,720	\$ 1,690,240

NOTE: This table requires no 'fill-in' as it is populated automatically from Tables 4A & 4B.

**Vermont Veterans' Home  
Kitchen Project  
TABLE 4C  
BALANCE SHEET - UNRESTRICTED FUNDS  
WITH PROJECT**

ASSETS	Latest Actual 2015	Budget 2016	Proposed Year 1 2017	Proposed Year 2 2018	Proposed Year 3 2019
<b>Current Assets</b>					
Cash & Investments	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50
Patient Accounts Receivable, Gross	1,653,825	1,653,825	1,653,825	1,653,825	1,653,825
Less: Allowance for Uncollectable Accts.	-	-	-	-	-
Due from Third Parties	1,090,984	1,090,984	1,090,984	1,090,984	1,090,984
Other Current Assets	133,710	133,710	133,710	133,710	133,710
<b>Total Current Assets</b>	<b>\$ 2,878,569</b>	<b>\$ 2,878,569</b>	<b>\$ 2,878,569</b>	<b>\$ 2,878,569</b>	<b>\$ 2,878,569</b>
<b>Board Designated Assets</b>					
Funded Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -
Escrowed Bond Funds	-	-	-	-	-
Other	-	-	-	-	-
<b>Total Board Designated Assets</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Property, Plant &amp; Equipment</b>					
Land, Buildings & Improvements	\$ 31,466,604	\$ 31,466,604	\$ 31,466,604	\$ 33,245,804	\$ 33,245,804
Fixed Equipment	-	-	-	-	-
Major Moveable Equipment	-	-	-	-	-
Construction in Progress	-	-	-	-	-
<b>Total Property, Plant &amp; Equipment</b>	<b>\$ 31,466,604</b>	<b>\$ 31,466,604</b>	<b>\$ 31,466,604</b>	<b>\$ 33,245,804</b>	<b>\$ 33,245,804</b>
<b>Less: Accumulated Depreciation</b>					
Land, Buildings & Improvements	\$ (18,602,843)	\$ (19,770,843)	\$ (20,938,843)	\$ (21,606,323)	\$ (22,818,803)
Fixed Equipment	-	-	-	-	-
Major Moveable Equipment	-	-	-	-	-
<b>Total Accumulated Depreciation</b>	<b>\$ (18,602,843)</b>	<b>\$ (19,770,843)</b>	<b>\$ (20,938,843)</b>	<b>\$ (21,606,323)</b>	<b>\$ (22,818,803)</b>
<b>Total Net Property, Plant &amp; Equipment</b>	<b>\$ 12,863,761</b>	<b>\$ 11,695,761</b>	<b>\$ 10,527,761</b>	<b>\$ 11,639,481</b>	<b>\$ 10,427,001</b>
<b>Other Long-Term Assets</b>	<b>\$ 940,435</b>	<b>\$ 940,435</b>	<b>\$ 940,435</b>	<b>\$ 940,435</b>	<b>\$ 940,435</b>
<b>TOTAL ASSETS</b>	<b>\$ 16,682,765</b>	<b>\$ 15,514,765</b>	<b>\$ 14,346,765</b>	<b>\$ 15,458,485</b>	<b>\$ 14,246,005</b>
<b>LIABILITIES AND FUND BALANCE</b>					
<b>Current Liabilities</b>					
Accounts Payable	\$ 217,598	\$ 217,598	\$ 217,598	\$ 217,598	\$ 217,598
Salaries, Wages & Payroll Taxes Payable	1,116,819	1,116,819	1,116,819	1,116,819	1,116,819
Estimated Third-Party Settlements	-	-	-	-	-
Other Current Liabilities	857,536	857,536	857,536	857,536	857,536
Current Portion of Long-Term Debt	-	-	-	-	-
<b>Total Current Liabilities</b>	<b>\$ 2,191,953</b>	<b>\$ 2,191,953</b>	<b>\$ 2,191,953</b>	<b>\$ 2,191,953</b>	<b>\$ 2,191,953</b>
<b>Long-Term Debt</b>					
Bonds & Mortgages Payable	\$ -	\$ -	\$ -	\$ -	\$ -
Capital Lease Obligations	-	-	-	-	-
Other Long-Term Debt	-	-	-	-	-
<b>Total Long-Term Debt</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Total Other Non-Current Liabilities</b>	<b>\$ 8,152,309</b>	<b>\$ 8,152,309</b>	<b>\$ 8,152,309</b>	<b>\$ 8,152,309</b>	<b>\$ 8,152,309</b>
<b>Total Liabilities</b>	<b>\$ 10,344,262</b>	<b>\$ 10,344,262</b>	<b>\$ 10,344,262</b>	<b>\$ 10,344,262</b>	<b>\$ 10,344,262</b>
<b>Fund Balance</b>	<b>\$ 6,338,503</b>	<b>\$ 5,170,503</b>	<b>\$ 4,002,503</b>	<b>\$ 5,114,223</b>	<b>\$ 3,901,743</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>\$ 16,682,765</b>	<b>\$ 15,514,765</b>	<b>\$ 14,346,765</b>	<b>\$ 15,458,485</b>	<b>\$ 14,246,005</b>

NOTE: When completing this table make entries in the shaded fields only.

**Vermont Veterans' Home  
Kitchen Project  
TABLE 5A  
STATEMENT OF CASH FLOWS  
WITHOUT PROJECT**

	Latest Actual 2015	Budget 2016	Proposed Year 1 2017	Proposed Year 2 2018	Proposed Year 3 2019
<b>Beginning Cash</b>	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50
<b>Operations</b>					
Excess revenues over expenses	1,509,558	(1,473,783)	(1,473,783)	(1,473,783)	(1,473,783)
Depreciation / Amortization	1,185,993	1,168,000	1,168,000	1,168,000	1,168,000
(Increase)/Decrease Patient A/R	439,367	-	-	-	-
(Increase)/Decrease Other Changes	(1,822,871)	-	-	-	-
<b>Subtotal Cash from Operations</b>	<b>\$ 1,312,047</b>	<b>\$ (305,783)</b>	<b>\$ (305,783)</b>	<b>\$ (305,783)</b>	<b>\$ (305,783)</b>
<b>Investing Activity</b>					
Capital Spending					
Capital					
Capitalized Interest					
Change in accum depr less depreciation	-	-	-	(545,000)	-
(Increase) Decrease in capital assets	-	-	-	-	-
<b>Subtotal Capital Spending</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (545,000)</b>	<b>\$ -</b>
(Increase) / Decrease					
Funded Depreciation	-	-	-	-	-
Other LT assets & escrowed bonds & other	-	-	-	-	-
<b>Subtotal (Increase) / Decrease</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Subtotal Cash from Investing Activity</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (545,000)</b>	<b>\$ -</b>
<b>Financing Activity</b>					
Debt (increase) decrease					
Bonds & mortgages	-	-	-	-	-
Repayment	-	-	-	-	-
Capital lease & other long term debt	-	-	-	-	-
<b>Subtotal Cash from Financing Activity</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Other Changes (please describe)</b>					
Manual adjustment					
Other					
Change in fund balance less net income	(1,312,047)	305,783	305,783	850,783	305,783
Other					
<b>Subtotal Other Changes</b>	<b>\$ (1,312,047)</b>	<b>\$ 305,783</b>	<b>\$ 305,783</b>	<b>\$ 850,783</b>	<b>\$ 305,783</b>
<b>Net Increase (Decrease) in Cash</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Ending Cash</b>	<b>\$ 50</b>	<b>\$ 50</b>	<b>\$ 50</b>	<b>\$ 50</b>	<b>\$ 50</b>

NOTE: This table requires no 'fill-in' as it automatically populates from Tables 4B, 5A and 5B.

**Vermont Veterans' Home  
Kitchen Project  
TABLE 5B  
STATEMENT OF CASH FLOWS  
PROJECT ONLY**

	Latest Actual 2015	Budget 2016	Proposed Year 1 2017	Proposed Year 2 2018	Proposed Year 3 2019
<b>Beginning Cash</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Operations</b>					
Excess revenues over expenses	-	-	-	(44,480)	(88,960)
Depreciation / Amortization	-	-	-	44,480	88,960
(Increase)/Decrease Patient A/R	-	-	-	-	-
(Increase)/Decrease Other Changes	-	-	-	-	-
<b>Subtotal Cash from Operations</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Investing Activity</b>					
Capital Spending					
Capital					
Capitalized Interest					
Change in accum depr less depreciation	-	-	-	-	(44,480)
(Increase) Decrease in capital assets	-	-	-	(1,779,200)	-
<b>Subtotal Capital Spending</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (1,779,200)</b>	<b>\$ (44,480)</b>
(Increase) / Decrease					
Funded Depreciation	-	-	-	-	-
Other LT assets & escrowed bonds & other	-	-	-	-	-
<b>Subtotal (Increase) / Decrease</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Subtotal Cash from Investing Activity</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (1,779,200)</b>	<b>\$ (44,480)</b>
<b>Financing Activity</b>					
Debt (increase) decrease					
Bonds & mortgages	-	-	-	-	-
Repayment	-	-	-	-	-
Capital lease & other long term debt	-	-	-	-	-
<b>Subtotal Cash from Financing Activity</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Other Changes (please describe)</b>					
Manual adjustment					
Other					
Change in fund balance less net income	-	-	-	1,779,200	44,480
Other	-	-	-	-	-
<b>Subtotal Other Changes</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,779,200</b>	<b>\$ 44,480</b>
<b>Net Increase (Decrease) in Cash</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Ending Cash</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

NOTE: This table requires no 'fill-in' as it is populated automatically from Tables 5A & 5B.

**Vermont Veterans' Home  
Kitchen Project  
TABLE 5C  
STATEMENT OF CASH FLOWS  
WITH PROJECT**

	Latest Actual 2015	Budget 2016	Proposed Year 1 2017	Proposed Year 2 2018	Proposed Year 3 2019
<b>Beginning Cash</b>	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50
<b>Operations</b>					
Excess revenues over expenses	1,509,558	(1,473,783)	(1,473,783)	(1,518,263)	(1,562,743)
Depreciation / Amortization	1,185,993	1,168,000	1,168,000	1,212,480	1,256,960
(Increase)/Decrease Patient A/R	439,367	-	-	-	-
(Increase)/Decrease Other Changes	(1,822,871)	-	-	-	-
<b>Subtotal Cash from Operations</b>	<b>\$ 1,312,047</b>	<b>\$ (305,783)</b>	<b>\$ (305,783)</b>	<b>\$ (305,783)</b>	<b>\$ (305,783)</b>
<b>Investing Activity</b>					
Capital Spending					
Capital	-	-	-	-	-
Capitalized Interest	-	-	-	-	-
Change in accum depr less depreciation	-	-	-	(545,000)	(44,480)
(Increase) Decrease in capital assets	-	-	-	(1,779,200)	-
<b>Subtotal Capital Spending</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (2,324,200)</b>	<b>\$ (44,480)</b>
(Increase) / Decrease					
Funded Depreciation	-	-	-	-	-
Other LT assets & escrowed bonds & other	-	-	-	-	-
<b>Subtotal (Increase) / Decrease</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Subtotal Cash from Investing Activity</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (2,324,200)</b>	<b>\$ (44,480)</b>
<b>Financing Activity</b>					
Debt (increase) decrease					
Bonds & mortgages	-	-	-	-	-
Repayment	-	-	-	-	-
Capital lease & other long term debt	-	-	-	-	-
<b>Subtotal Cash from Financing Activity</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Other Changes (please describe)</b>					
Manual adjustment	-	-	-	-	-
Other	-	-	-	-	-
Change in fund balance less net income	-	305,783	305,783	2,629,983	350,263
Other	(1,312,047)	-	-	-	-
<b>Subtotal Other Changes</b>	<b>\$ (1,312,047)</b>	<b>\$ 305,783</b>	<b>\$ 305,783</b>	<b>\$ 2,629,983</b>	<b>\$ 350,263</b>
<b>Net Increase (Decrease) in Cash</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Ending Cash</b>	<b>\$ 50</b>	<b>\$ 50</b>	<b>\$ 50</b>	<b>\$ 50</b>	<b>\$ 50</b>

NOTE: When completing this table make entries in the shaded fields only.

**Vermont Veterans' Home  
Kitchen Project  
TABLE 6A  
REVENUE SOURCE PROJECTIONS  
WITHOUT PROJECT**

	Latest Actual 2015	% of Total	Budget 2016	% of Total	Proposed Year 1 2017	% of Total	Proposed Year 2 2018	% of Total	Proposed Year 3 2019	% of Total
<b>Gross Inpatient Revenue</b>										
Medicare	\$ 2,168,185	11.6%	\$ 899,360	5.0%	\$ 674,520	3.8%	\$ 674,520	3.8%	\$ 674,520	3.8%
Medicaid	7,966,778	42.6%	8,746,660	48.6%	8,296,980	46.8%	8,296,980	46.8%	8,296,980	46.8%
Commercial	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Self Pay	2,979,408	15.9%	2,473,240	13.7%	2,922,920	16.5%	2,922,920	16.5%	2,922,920	16.5%
Free Care / Bad Debt	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Other	5,607,090	30.0%	5,890,156	32.7%	5,831,791	32.9%	5,831,791	32.9%	5,831,791	32.9%
	\$ 18,721,461	100.0%	\$ 18,009,416	100.0%	\$ 17,726,211	100.0%	\$ 17,726,211	100.0%	\$ 17,726,211	100.0%
<b>Gross Outpatient Revenue</b>										
Medicare	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Commercial	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Self Pay	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care / Bad Debt	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Other	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
<b>Gross Other Revenue</b>										
Medicare	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Medicaid	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Self Pay	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Free Care / Bad Debt	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Other	6,509,780	100.0%	5,893,909	100.0%	6,452,132	100.0%	6,452,132	100.0%	6,452,132	100.0%
	\$ 6,509,780	100.0%	\$ 5,893,909	100.0%	\$ 6,452,132	100.0%	\$ 6,452,132	100.0%	\$ 6,452,132	100.0%
<b>Gross Patient Revenue</b>										
Medicare	\$ 2,168,185	8.5%	\$ 899,360	3.8%	\$ 674,520	2.8%	\$ 674,520	2.8%	\$ 674,520	2.8%
Medicaid	7,966,778	31.6%	8,746,660	36.6%	8,296,980	34.3%	8,296,980	34.3%	8,296,980	34.3%
Commercial	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Self Pay	2,979,408	11.8%	2,473,240	10.3%	2,922,920	12.1%	2,922,920	12.1%	2,922,920	12.1%
Free Care / Bad Debt	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Other	12,116,870	48.0%	11,784,065	49.3%	12,283,923	50.8%	12,283,923	50.8%	12,283,923	50.8%
	\$ 25,231,241	100.0%	\$ 23,903,325	100.0%	\$ 24,178,343	100.0%	\$ 24,178,343	100.0%	\$ 24,178,343	100.0%
<b>Deductions from Revenue</b>										
Medicare	\$ 754,651	24.1%	\$ (216,080)	-11.5%	\$ (343,830)	-20.3%	\$ (343,830)	-20.3%	\$ (343,830)	-20.3%
Medicaid	1,648,898	52.6%	1,711,091	91.2%	1,613,986	95.2%	1,613,986	95.2%	1,613,986	95.2%
Commercial	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Self Pay	937,824	29.9%	822,111	43.8%	991,041	58.5%	991,041	58.5%	991,041	58.5%
Free Care / Bad Debt	337,044	10.8%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Other	(544,132)	-17.4%	(439,991)	-23.4%	(566,230)	-33.4%	(566,230)	-33.4%	(566,230)	-33.4%
	\$ 3,134,185	100.0%	\$ 1,877,131	100.0%	\$ 1,694,967	100.0%	\$ 1,694,967	100.0%	\$ 1,694,967	100.0%
<b>Net Patient Revenue</b>										
Medicare	\$ 1,413,634	6.4%	\$ 1,115,440	5.1%	\$ 1,018,350	4.5%	\$ 1,018,350	4.5%	\$ 1,018,350	4.5%
Medicaid	6,317,880	28.6%	7,035,569	31.9%	6,682,994	29.7%	6,682,994	29.7%	6,682,994	29.7%
Commercial	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Self Pay	2,041,584	9.2%	1,651,129	7.5%	1,931,879	8.6%	1,931,879	8.6%	1,931,879	8.6%
Free Care / Bad Debt	(337,044)	-1.5%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Other	12,661,002	57.3%	12,224,056	55.5%	12,850,153	57.2%	12,850,153	57.2%	12,850,153	57.2%
DSP*	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
	\$ 22,097,056	100.0%	\$ 22,026,194	100.0%	\$ 22,483,376	100.0%	\$ 22,483,376	100.0%	\$ 22,483,376	100.0%

Latest actual numbers should tie to the hospital budget process.

\* Disproportionate share payments

4/22/2016

Health Care Administration

CON\_Tables for Kitchen Project, Table 6A

NOTE: When completing this table make entries in the shaded fields only.

**Vermont Veterans' Home  
Kitchen Project  
TABLE 6B  
REVENUE SOURCE PROJECTIONS  
PROJECT ONLY**

	Latest Actual 2015	% of Total	Budget 2016	% of Total	Proposed Year 1 2017	% of Total	Proposed Year 2 2018	% of Total	Proposed Year 3 2019	% of Total
<b>Gross Inpatient Revenue</b>										
Medicare	N/A		\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Commercial	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Self Pay	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care / Bad Debt	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Other	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
	N/A		\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
<b>Gross Outpatient Revenue</b>										
Medicare	N/A		\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Commercial	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Self Pay	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care / Bad Debt	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Other	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
	N/A		\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
<b>Gross Other Revenue</b>										
Medicare	N/A		\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Commercial	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Self Pay	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care / Bad Debt	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Other	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
	N/A		\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
<b>Gross Patient Revenue</b>										
Medicare	N/A		\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Commercial	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Self Pay	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care / Bad Debt	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Other	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
	N/A		\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
<b>Deductions from Revenue</b>										
Medicare	N/A		\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Commercial	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Self Pay	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care / Bad Debt	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Other	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
	N/A		\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
<b>Net Patient Revenue</b>										
Medicare	N/A		\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Commercial	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Self Pay	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care / Bad Debt	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Other	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
DSP*	N/A		N/A	#DIV/0!	N/A	#DIV/0!	N/A	#DIV/0!	N/A	#DIV/0!
	N/A		\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!

Latest actual numbers should tie to the hospital budget process.

\* Disproportionate share payments

NOTE: This table requires no 'fill-in' as it will automatically populate from Tables 6A & 6B.

**Vermont Veterans' Home  
Kitchen Project  
TABLE 6C  
REVENUE SOURCE PROJECTIONS  
WITH PROJECT**

	Latest Actual	% of	Budget	% of	Proposed	% of	Proposed	% of	Proposed	% of
	2015	Total	2016	Total	Year 1	Total	Year 2	Total	Year 3	Total
<b>Gross Inpatient Revenue</b>										
Medicare	\$ 2,168,185	11.6%	\$ 899,360	5.0%	\$ 674,520	3.8%	\$ 674,520	3.8%	\$ 674,520	3.8%
Medicaid	7,966,778	42.6%	8,746,660	46.6%	8,296,980	46.8%	8,296,980	46.8%	8,296,980	46.8%
Commercial	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Self Pay	2,979,408	15.9%	2,473,240	13.7%	2,922,920	16.5%	2,922,920	16.5%	2,922,920	16.5%
Free Care / Bad Debt	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Other	5,607,090	30.0%	5,890,156	32.7%	5,831,791	32.8%	5,831,791	32.9%	5,831,791	32.9%
	<b>\$ 18,721,461</b>	<b>100.0%</b>	<b>\$ 18,009,416</b>	<b>100.0%</b>	<b>\$ 17,726,211</b>	<b>100.0%</b>	<b>\$ 17,726,211</b>	<b>100.0%</b>	<b>\$ 17,726,211</b>	<b>100.0%</b>
<b>Gross Outpatient Revenue</b>										
Medicare	\$ -	#DIV/0!								
Medicaid	-	#DIV/0!								
Commercial	-	#DIV/0!								
Self Pay	-	#DIV/0!								
Free Care / Bad Debt	-	#DIV/0!								
Other	-	#DIV/0!								
	<b>\$ -</b>	<b>#DIV/0!</b>								
<b>Gross Other Revenue</b>										
Medicare	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%	\$ -	0.0%
Medicaid	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Commercial	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Self Pay	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Free Care / Bad Debt	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Other	6,509,780	100.0%	5,893,909	100.0%	6,452,132	100.0%	6,452,132	100.0%	6,452,132	100.0%
	<b>\$ 6,509,780</b>	<b>100.0%</b>	<b>\$ 5,893,909</b>	<b>100.0%</b>	<b>\$ 6,452,132</b>	<b>100.0%</b>	<b>\$ 6,452,132</b>	<b>100.0%</b>	<b>\$ 6,452,132</b>	<b>100.0%</b>
<b>Gross Patient Revenue</b>										
Medicare	\$ 2,168,185	8.6%	\$ 899,360	3.8%	\$ 674,520	2.8%	\$ 674,520	2.8%	\$ 674,520	2.8%
Medicaid	7,966,778	31.6%	8,746,660	36.6%	8,296,980	34.3%	8,296,980	34.3%	8,296,980	34.3%
Commercial	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Self Pay	2,979,408	11.8%	2,473,240	10.3%	2,922,920	12.1%	2,922,920	12.1%	2,922,920	12.1%
Free Care / Bad Debt	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Other	12,116,870	48.0%	11,784,065	49.3%	12,283,923	50.8%	12,283,923	50.8%	12,283,923	50.8%
	<b>\$ 25,231,241</b>	<b>100.0%</b>	<b>\$ 23,903,325</b>	<b>100.0%</b>	<b>\$ 24,178,343</b>	<b>100.0%</b>	<b>\$ 24,178,343</b>	<b>100.0%</b>	<b>\$ 24,178,343</b>	<b>100.0%</b>
<b>Deductions from Revenue</b>										
Medicare	\$ 754,551	24.1%	\$ (216,080)	-11.5%	\$ (343,830)	-20.3%	\$ (343,830)	-20.3%	\$ (343,830)	-20.3%
Medicaid	1,648,898	52.6%	1,711,091	91.2%	1,613,986	95.2%	1,613,986	95.2%	1,613,986	95.2%
Commercial	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Self Pay	937,824	29.8%	822,111	43.8%	991,041	58.5%	991,041	58.5%	991,041	58.5%
Free Care / Bad Debt	337,044	10.8%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Other	(544,132)	-17.4%	(439,991)	-23.4%	(566,230)	-33.4%	(566,230)	-33.4%	(566,230)	-33.4%
	<b>\$ 3,134,185</b>	<b>100.0%</b>	<b>\$ 1,877,131</b>	<b>100.0%</b>	<b>\$ 1,694,967</b>	<b>100.0%</b>	<b>\$ 1,694,967</b>	<b>100.0%</b>	<b>\$ 1,694,967</b>	<b>100.0%</b>
<b>Net Patient Revenue</b>										
Medicare	\$ 1,413,634	6.4%	\$ 1,115,440	5.1%	\$ 1,018,350	4.5%	\$ 1,018,350	4.5%	\$ 1,018,350	4.5%
Medicaid	6,317,880	28.6%	7,035,569	31.9%	6,682,994	29.7%	6,682,994	29.7%	6,682,994	29.7%
Commercial	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Self Pay	2,041,584	9.2%	1,651,129	7.5%	1,931,879	8.6%	1,931,879	8.6%	1,931,879	8.6%
Free Care / Bad Debt	(337,044)	-1.5%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Other	12,661,002	57.3%	12,224,056	55.5%	12,850,153	57.2%	12,850,153	57.2%	12,850,153	57.2%
DSP*	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
	<b>\$ 22,097,056</b>	<b>100.0%</b>	<b>\$ 22,026,194</b>	<b>100.0%</b>	<b>\$ 22,483,376</b>	<b>100.0%</b>	<b>\$ 22,483,376</b>	<b>100.0%</b>	<b>\$ 22,483,376</b>	<b>100.0%</b>

Latest actual numbers should tie to the hospital budget process.

\* Disproportionate share payments

NOTE: When completing this table make entries in the shaded fields only.

**Vermont Veterans' Home  
Kitchen Project  
TABLE 7  
UTILIZATION PROJECTIONS  
TOTALS**

<b>A: WITHOUT PROJECT</b>	Latest Actual 2015	Budget 2016	Proposed Year 1 2017	Proposed Year 2 2018	Proposed Year 3 2019
<b>Inpatient Utilization</b>					
Staffed Beds	130	130	130	130	130
Admissions					
Patient Days	46,594	48,545	48,545	48,545	48,545
Average Length of Stay					
<b>Outpatient Utilization</b>					
All Outpatient Visits					
OR Procedures					
Observation Units					
Physician Office Visits					
<b>Ancillary</b>					
All OR Procedures					
Emergency Room Visits					
<b>Adjusted Statistics</b>					
Adjusted Admissions					
Adjusted Patient Days					

<b>B: PROJECT ONLY</b>	Latest Actual 2015	Budget 2016	Proposed Year 1 2017	Proposed Year 2 2018	Proposed Year 3 2019
<b>Inpatient Utilization</b>					
Staffed Beds	N/A				
Admissions	N/A				
Patient Days	N/A				
Average Length of Stay	N/A				
<b>Outpatient Utilization</b>					
All Outpatient Visits	N/A				
OR Procedures	N/A				
Observation Units	N/A				
Physician Office Visits	N/A				
<b>Ancillary</b>					
All OR Procedures	N/A				
Emergency Room Visits	N/A				
<b>Adjusted Statistics</b>					
Adjusted Admissions	N/A				
Adjusted Patient Days	N/A				

<b>C: WITH PROJECT</b>	Latest Actual 2015	Budget 2016	Proposed Year 1 2017	Proposed Year 2 2018	Proposed Year 3 2019
<b>Inpatient Utilization</b>					
Staffed Beds	130				
Admissions					
Patient Days	46,594	48,545	48,545	48,545	48,545
Average Length of Stay					
<b>Outpatient Utilization</b>					
All Outpatient Visits					
OR Procedures					
Observation Units					
Physician Office Visits					
<b>Ancillary</b>					
All OR Procedures					
Emergency Room Visits					
<b>Adjusted Statistics</b>					
Adjusted Admissions					
Adjusted Patient Days					

NOTE: When completing this table make entries in the shaded fields only.

**Vermont Veterans' Home  
Kitchen Project  
TABLE 8  
UTILIZATION PROJECTIONS  
PROJECT SPECIFIC**

<b>A: WITHOUT PROJECT</b>		Latest Actual	Budget	Proposed Year 1	Proposed Year 2	Proposed Year 3
You may wish to enter your own categories below:			1	2	3	4
<b>Acute</b>						
	Acute Care Admissions					
	Acute Patient Days					
	Acute Staffed Beds					
<b>Imaging</b>						
	Radiology - Diagnostic Procedures					
	Nuclear Medicine Procedures					
	Cat Scan Procedures					
	Magnetic Resonance Imaging					
<b>Other</b>						
	Laboratory Tests					
Division staff can assist in determining the amount of detail required to support your proposal.						

<b>B: PROJECT ONLY</b>		Latest Actual	Budget	Proposed Year 1	Proposed Year 2	Proposed Year 3
		0	1	2	3	4
<b>Acute</b>						
	Acute Care Admissions	N/A				
	Acute Patient Days	N/A				
	Acute Staffed Beds	N/A				
<b>Imaging</b>						
	Radiology - Diagnostic Procedures	N/A				
	Nuclear Medicine Procedures	N/A				
	Cat Scan Procedures	N/A				
	Magnetic Resonance Imaging	N/A				
<b>Other</b>						
	Laboratory Tests	N/A				
		N/A				
		N/A				
		N/A				
		N/A				

<b>C: WITH PROJECT</b>		Latest Actual	Budget	Proposed Year 1	Proposed Year 2	Proposed Year 3
		0	1	2	3	4
<b>Acute</b>						
	Acute Care Admissions	-	-	-	-	-
	Acute Patient Days	-	-	-	-	-
	Acute Staffed Beds	-	-	-	-	-
<b>Imaging</b>						
	Radiology - Diagnostic Procedures	-	-	-	-	-
	Nuclear Medicine Procedures	-	-	-	-	-
	Cat Scan Procedures	-	-	-	-	-
	Magnetic Resonance Imaging	-	-	-	-	-
<b>Other</b>						
	Laboratory Tests	-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

4/22/2016

NOTE: When completing this table make entries in the shaded fields only.

**Vermont Veterans' Home  
Kitchen Project  
TABLE 9  
STAFFING PROJECTIONS  
TOTALS**

<b>A: WITHOUT PROJECT</b>		Latest Actual	Budget	Proposed	Proposed	Proposed
		2015	2016	Year 1	Year 2	Year 3
				2017	2018	2019
<b>Non-MD FTEs</b>						
Total General Services						
Total Inpatient Routine Services						
Total Outpatient Routine Services						
Total Ancillary Services						
Total Other Services		219.0	213.0	188.0	188.0	188.0
<b>Total Non-MD FTEs</b>		<b>219.0</b>	<b>213.0</b>	<b>188.0</b>	<b>188.0</b>	<b>188.0</b>
<b>Physician FTEs</b>						
Physician FTEs		0.0	0.0	0.0	0.0	0.0
<b>Direct Service Nurse FTEs</b>						
Direct Service Nurse FTEs		0.0	0.0	0.0	0.0	0.0

<b>B: PROJECT ONLY</b>		Latest Actual	Budget	Proposed	Proposed	Proposed
		2015	2016	Year 1	Year 2	Year 3
				2017	2018	2019
<b>Non-MD FTEs</b>						
Total General Services		N/A				
Total Inpatient Routine Services		N/A				
Total Outpatient Routine Services		N/A				
Total Ancillary Services		N/A				
Total Other Services		N/A				
<b>Total Non-MD FTEs</b>		<b>N/A</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Physician Services</b>						
Physician Services		N/A				
<b>Direct Service Nurse FTEs</b>						
Direct Service Nurse FTEs		N/A				

<b>C: WITH PROJECT</b>		Latest Actual	Budget	Proposed	Proposed	Proposed
		2015	2016	Year 1	Year 2	Year 3
				2017	2018	2019
<b>Non-MD FTEs</b>						
Total General Services		#VALUE!	0.0	0.0	0.0	0.0
Total Inpatient Routine Services		#VALUE!	0.0	0.0	0.0	0.0
Total Outpatient Routine Services		#VALUE!	0.0	0.0	0.0	0.0
Total Ancillary Services		#VALUE!	0.0	0.0	0.0	0.0
Total Other Services		#VALUE!	213.0	188.0	188.0	188.0
<b>Total Non-MD FTEs</b>		<b>#VALUE!</b>	<b>213.0</b>	<b>188.0</b>	<b>188.0</b>	<b>188.0</b>
<b>Physician Services</b>						
Physician Services		#VALUE!	0.0	0.0	0.0	0.0
<b>Direct Service Nurse FTEs</b>						
Direct Service Nurse FTEs		#VALUE!	0.0	0.0	0.0	0.0





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

May 1, 2012

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

Provider #: 475032

Dear Ms. Jackson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 28, 2012**. 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,

A handwritten signature in black ink that reads "Pamela M. Cota".

Pamela M. Cota, RN, MS  
Licensing Chief

PC:ne

Enclosure



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

RECEIVED

Division of

APR 23 12

PRINTED: 04/10/2012  
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 _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED  03/28/2012
--	--	--	--------------------------	--

NAME OF PROVIDER OR SUPPLIER  VERMONT VETERANS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 325 NORTH STREET BENNINGTON, VT 05201
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F 000	INITIAL COMMENTS  An unannounced on-site recertification survey and complaint investigation were conducted from 03/26/2012 to 03/28/2012. There were no regulatory deficiencies identified as a result of the complaint investigation. The following regulatory deficiencies were identified as a result of the recertification survey:	F 000	Please note that the filing of this plan of correction does not constitute any admission as to any of the alleged violations set forth in this Statement of Deficiency. The POC is being filed as evidence of the Facility's continued compliance with all applicable laws	
F 241 SS=E	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY  The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that meal assistance was provided in a manner to preserve the dignity of Residents that required feeding assistance. Staff were observed to be standing over Residents in the B unit dining room while assisting Residents with the evening meal on two days. This affected 10 of 13 Residents requiring significant assistance with their meal in the B unit dining room. Findings include:  1. Per staff interview and observation of meal service on 03/26/12, from 4:45 P.M. to 6:00 P.M., a table at the back of the room was noted to have four Residents positioned in large, reclining, wheeled chairs. All four required extensive feeding assistance from staff. The meal trays arrived on the unit and were delivered to the back table at 5:30 P.M. The charge nurse assisted to	F 241	<b>F241</b> <u>Corrective Action:</u> Additional seating for staff has been made available and staff is being re-educated in dining with dignity whole house.  <u>Other Residents:</u> All Residents who require feeding assistance are at risk.  <u>Systemic Changes:</u> 1) Staff are being re-educated in an interactive setting whole house on dining with dignity. All staff hired within the past year will receive 1:1 education in this subject. Dining with dignity will be added as a subject during orientation.  <u>Monitoring:</u> The DNS or designee will conduct weekly dining observations of 3 random meals, x 90 days to ensure compliance. Observation findings will be reported at the bimonthly QA Meeting  <u>Compliance Date:</u> April 22, 2012	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Melissa A Jackson BSU, LHA* TITLE *Administrator* (X6) DATE *4/17/12*

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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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  VERMONT VETERANS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 325 NORTH STREET BENNINGTON, VT 05201	
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F 241	<p>Continued From page 1</p> <p>set the trays up for each Resident and encouraged them to attempt to feed themselves. Three did not. One Resident was able to sip soup from a mug, but did not attempt to use the utensils to eat from the plate. The charge nurse then began to assist the Residents to eat by feeding them. The charge nurse was observed to offer several bites to one Resident, then proceeded to the next Resident, in a clockwise rotation, providing several bites to each Resident before moving to the next. The charge nurse continued to feed the four Residents in this manner for approximately 15 minutes, until a second staff member arrived and sat down to assist two Residents. The nurse then continued to feed two of the Residents while standing over them. There were 24 residents observed in the dining room, and 13 required significant feeding assistance. Six staff members were present and assisting Residents at four tables. They were frequently observed to stop feeding Residents to assist other Residents in the dining room with various requests. At one point, two staff members left the dining room to assist a Resident, leaving four staff members in the dining room.</p> <p>During interview on 3/26/12 at 5:50 P.M., the nurse indicated that the staffing level observed in the dining room was the typical staffing pattern. Interview of the B unit Clinical Care Coordinator (CCC) on 3/26/12 at 6:00 P.M., revealed that staff were expected to sit when feeding Residents "when there are enough seats". Interview of the Administrator and the Assistant Administrator on 3/26/12 at 6:10 P.M. revealed that staff should be seated when feeding Residents. They revealed that one exception was care planned for a</p>	F 241		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 241	Continued From page 2 Resident seated at the back table, with a tall chair and positioning that made it difficult from a seated position. They revealed that all other Residents should be fed by staff that were seated.  2. Per staff interview and observation of the B unit dining area on 3/27/12 at 5:15 P.M., three staff members were observed to be standing and feeding Residents at three different tables. A table of three in the front, center of the dining room was being assisted by one standing staff member. A table of four in the back of the room was being assisted by one seated staff member and one standing staff member. The table of three, located in the center row, just in front of the table of four, was attended by one standing staff member. Two of them were frequently called away to meet requests of other Residents in the dining room. This observation was verified at that time by the CCC, who instructed the staff members to be seated when feeding Residents.	F 241	<b>F280</b> <u>Corrective Action:</u> Veteran #4 care plan was updated on 3/29/12 to reflect that the splints had been discontinued.  <u>Other residents:</u> Residents requiring assistive devices are at risk.  <u>Systemic Changes:</u> 1)Staff education will be performed by the staff educator and unit managers on nursing staff updating the care plan at the time the order is noted by the nurse noting the order to discontinue assistive devices and/or splints. 2)Night shift will double check the care plan has been updated when performing chart checks for orders.	
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP  The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.  A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of	F 280	<u>Monitoring:</u> Monthly random audits, (Attachment ?) will be performed by Clinical Care Coordinator of 20% of new orders to ensure that orders have been carried over to the care plan. DNS will report results to Quality Assurance committee bimonthly and upon 100% compliance for 3 months, will report to the Quality Assurance Committee 2 additional quarters.  <u>Compliance Date:</u> April 22, 2012	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 280	<p>Continued From page 3</p> <p>the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to revise the care plans to reflect a change in treatment for 1 applicable resident in Stage 2 sample. (Resident #4) Findings include:</p> <p>1. Per the staff interview at 2:54 PM on 03/26/12, staff stated Resident #4, who had a history of a CVA (stroke) with left hemiparesis (left sided weakness) resulting in a contracture, did not wear a splint or have a device for either the upper or lower limb. During the unit tour on 03/26/12 at 3:45 PM, the resident was observed without the use of arm or leg splints. Per review of the current care plan for ADLs (Activities of Daily Living), the care plan indicated limited assist with ADLs, AFO left lower leg as allowed, &amp; left wrist splint for contracture as [resident] will allow, on-AM/off-PM, check skin every 2 hours while on.</p> <p>Per interview at 11:27 AM on 03/28/12, nursing staff stated "I don't know if that has been discontinued yet for the splints but pretty sure he no longer wears them". Per interview with the PT Director at 11:40 AM, s/he stated that she believes he is using a new 'holistic-type' leg device but that should be noted in the chart. Per interview on 03/29/12 at 11:56 AM, the nursing supervisor stated "not that this is an excuse or</p>	F 280		

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F 280	Continued From page 4 anything but we haven't had a CCC [Clinical Care Coordinator] here consistently for awhile but now there is a new CCC" and found an old physician order of last year discontinuing the old arm/leg splint. At that time the nursing supervisor confirmed that the care plan has not been revised to show accurate use and/or non-use of assisted devises.	F 280	<b>F353</b> <u>Corrective Action:</u> Veteran/ member's concerns addressed with change in staff assignment. Verbalized satisfaction with the changes by Veteran/member #13. DNS or designee and Social Services will monitor Veteran/member #13's satisfaction with services and timely staff response.	
F 353 SS=E	<b>483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS</b>  The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.  The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:  Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.  Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.  This REQUIREMENT is not met as evidenced by: Based on interviews and observation the facility failed to have sufficient nursing staff to provide	F, 353	<u>Other Residents:</u> All Residents are at risk.  <u>Systemic Changes:</u> All facility staff will be educated regarding response to call bells and a positive and proactive customer service approach to Veterans/members.  <u>Monitoring:</u> Staffing levels on all units are evaluated daily for staffing needs based on number of Residents and acuity. Supervisors and Scheduler have staffing levels required. On-going QIS interviews and audits of Veteran/ member satisfaction in regard to call bell response and needs being met will be conducted monthly. Findings will be reviewed at the bimonthly Quality Assurance committee meeting. Random weekly call bell audits by QA x 4 weeks then biweekly until 100% compliance is demonstrated.  <u>Compliance Date:</u> April 22, 2012	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 353	<p>Continued From page 5 .</p> <p>nursing services to meet the assessed needs of the residents, both on the nursing units and in the dining areas. The findings are as follows:</p> <p>1. Per interviews during Stage 1 of the survey process, 9 of 22 residents interviewed and 1 other resident who requested to address the survey team reported that they had to wait too long for their needs to be met. Per resident interviews, wait times varied from 10 minutes to over 1 hour. Residents further indicated that on some occasions, staff would respond to call lights, shut them off and state that they "would be back in a little while" to get what the resident needed, but didn't return. There were no reported episodes of incontinence because wait times were too long, but residents reported trying to get up unassisted while waiting. During interview with Resident #13 on 03/27/2012 at 10:28 am, s/he reported that s/he has to wait longer on the day shift for call lights to be answered.</p> <p>One resident reported during an interview on 03/27/2012 that s/he became so upset with call light response time that s/he conducted an analysis over a 60 day period to prove to administration that staff have too much to do to respond to call lights in a timely manner. The longest wait on the graphs is 40 minutes except for nights when s/he indicates that there isn't enough meaningful data based on sleeping schedules. The unit manager confirms, during interview on 03/28/2012, that staff do delay response to Resident #13 on occasion.</p> <p>In interviews, throughout the three days of survey, staff report that it is not uncommon to have to be moved to other units to cover when staff call out</p>	F 353			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 353	<p>Continued From page 6 or are on administrative leave.</p> <p>2. During observation of meal service on 03/26/12, from 4:45 P.M. to 6:00 P.M., a table at the back of the room was noted to have four Residents positioned in large, reclining, wheeled chairs. All four required extensive feeding assistance from staff. The meal trays arrived on the unit and were delivered to the back table at 5:30 P.M. The charge nurse assisted to set the trays up for each Resident and encouraged them to attempt to feed themselves. Three did not. One Resident was able to sip soup from a mug, but did not attempt to use the utensils to eat from the plate. The charge nurse then began to assist the Residents to eat by feeding them. The charge nurse was observed to offer several bites to one Resident, then proceeded to the next Resident, in a clockwise rotation, providing several bites to each Resident before moving to the next. The charge nurse continued to feed the four Residents in this manner for approximately 15 minutes, until a second staff member arrived and sat down to assist two Residents. The nurse then continued to feed two of the Residents while standing over them. There were 24 residents observed in the dining room, and 13 required significant feeding assistance. Six staff members were present and assisting Residents at four tables. They were frequently observed to stop feeding Residents to assist other Residents in the dining room with various requests. At one point, two staff members left the dining room to assist a Resident, leaving four staff members in the dining room.</p>	F 353		
F 362 SS=E	483.35(b) SUFFICIENT DIETARY SUPPORT PERSONNEL	F 362		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 362	<p>Continued From page 7</p> <p>The facility must employ sufficient support personnel competent to carry out the functions of the dietary service.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon observation, interview, and record review, the facility failed to ensure there was adequate kitchen staff necessary to prepare and serve resident meals at appropriate times and proper temperatures. Findings include:</p> <p>1). Per interview with the Dietary Manager (DM) on 3/28/12 at 11:05 A.M. and per record review of the facility's Estimated Time for Meal Cart Arrival to Neighborhoods, the estimated arrival time for the dinner meal cart for the North unit is 5:25 P.M. Per observation on 3/27/12 the dinner meal cart for the North unit arrived at 5:49 P.M. (24 minutes later than estimated time). Per interview on 3/27/12 with 3 residents of the North unit awaiting their meals, they reported that "last night [3/26/12] the trays arrived at 10 of 6 [5:50 PM]." Per interview with the DM on 3/28/12, h/she confirmed the meal carts the 'last few days' have been 'slow going out' but that the kitchen will call units if there is to be a delay in arrival of the meal carts.</p> <p>Per observation on 3/27/12 at 5:35 P.M. a Licensed Nursing Assistant (LNA #1) on the North unit called the kitchen regarding the delay in the arrival of the meal cart and was told they were "running late, due to technical difficulties". Per interview with LNA #2 on the North unit "It happens quite often. I think it's a long time to wait.</p>	F 362	<p><b>F362</b></p> <p><u>Corrective Action:</u> The facility ensures that sufficient dietary staff is employed to carry out the functions of the dietary service.</p> <p><u>Other Residents:</u> All Residents are at risk.</p> <p><u>Systemic Changes:</u> Dietary personnel have been given and educated on their specific job tasks/responsibilities to ensure the timely delivery of meals.</p> <p><u>Other Residents:</u> All Residents are at risk.</p> <p><u>Monitoring:</u></p> <ol style="list-style-type: none"> <li>1) The Dietary Manager or designee will conduct 10 weekly audits, x 90 days, of dietary department staff to ensure they are following their job tasks/responsibilities and to identify any changes in job tasks/responsibilities necessary to improve meal service.</li> <li>2) Daily times of meal deliveries x90 days will be taken to identify any issues or concerns that prevent timely meal deliveries</li> </ol> <p>Audit results will be reviewed at bimonthly QA meetings.</p> <p><u>Compliance Date:</u> April 22, 2012</p>	

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F 362	Continued From page 8 It's always a 'technical difficulty.' Per interview with the Assistant Kitchen Manager (AKM) on 3/28/12 at 11:20 A.M., h/she assists in assembling the meal trays for distribution to the residents, but if a resident requests an alternative menu item, h/she must leave the assembling to prepare the individual item. The AKM confirmed that when this happens, the assembly of the meals is delayed and then the departure of the meal carts to the units is delayed.  Per interview with the DM h/she is aware of concerns voiced by residents regarding late arrival of the meal carts to the units, and the delay between the cart's arrival and the time the trays are distributed. The DM stated it is Nursing and LNAs who are responsible for distributing the trays to the residents. A test tray containing the alternate menu item of a reuben sandwich and vegetable soup was requested on 3/27/12 and received at 6:14 P.M. (estimated cart arrival time was 5:25 P.M., actual arrival time was 5:49 P.M.) The temperature of the soup was observed to be 118 degrees Fahrenheit. Per interview with the DM h/she confirmed that the soup temperature "should be hotter" and that the soup leaves the kitchen at 165 degrees. The DM confirmed that delays in arrival and distribution of the trays would affect the temperature of the foods being served, but that the LNAs were instructed to microwave any food per resident request. The DM also confirmed that microwaving could alter the taste and texture of certain foods served by the facility. The DM reported that the delays in the meal cart arrivals were due to new cooks, new utility people, and closer checking due to the state survey.	F 362		
F 364	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR,	F 364		

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F 364 SS=E	<p>Continued From page 9 <b>PALATABLE/PREFER TEMP</b></p> <p>Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that the meals served to residents were palatable, attractive, and at the proper temperature to ensure resident satisfaction. Findings include:</p> <p>1. Per resident interviews on 3/26 &amp; 3/27/12, 13 of 22 residents [59%] in the sample group responded negatively to one or both of the questions "Does the food taste good and look appetizing?" and "Is the food served at the proper temperature?". Resident comments included "bland...tasteless...no flavor...not appetizing...poorly prepared...poorly presented" and compared the appearance of some food to vomit.</p> <p>Per interview with the Dietary Manager (DM) on 3/28/12 at 11:05 A.M., h/she confirmed food complaints in the facility are wide spread, and h/she had questions him/herself regarding the palatability of certain menu items, dictated by the system of the food supplier employed by the facility. The DM explained that the facility's current food company supplies the ingredients for each specific meal, how to cook the meals, and the menu for when and what meals are served.</p>	F 364	<p><b>F364</b> <u>Corrective Action:</u> The facility ensures that all meals are prepared to conserve nutritive value, flavor, and appearance and that food is palatable, attractive, and at the proper temperature.</p> <p><u>Other Residents:</u> All Residents are at risk.</p> <p><u>Corrective Measures:</u></p> <ol style="list-style-type: none"> <li>1) Menus are developed at the facility level to reflect the preferences of the Residents.</li> <li>2) Dietary staff has been educated on presentation, palatability, and temperature of the food served.</li> <li>3) Temperatures of the food being served at any meal will be taken at the beginning, middle, and end of the service to ensure proper temperatures are maintained.</li> </ol> <p><u>Monitoring:</u></p> <ol style="list-style-type: none"> <li>1) The Dietary Manager or designee will conduct 14 weekly random interviews x 90 days, with Residents to evaluate the appearance, palatability, and temperature of the meals being served.</li> <li>2) The Dietary Manager or Designee will conduct 10 weekly audits x 90 days, of tray temperature to ensure the</li> </ol>	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475032</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/28/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VERMONT VETERANS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>325 NORTH STREET BENNINGTON, VT 05201</b>
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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 364	<p>Continued From page 10</p> <p>The system utilizes a 4 week cycle, and was implemented in 'early November' 2011 with the same menu and order of what menu items are served on what day for what meal to continue until April 1st, 2012 (approximately 5 months). Per observation on 3/27/12, 4 week menus labeled 'Fall/Winter 2011' were present on the facility's units. The DM confirmed that food concerns were brought up in the previous 3 monthly resident council meetings, and that h/she responded to the food complaints by polling "most of the residents." The DM clarified this as residents who attended a meeting in the facility's Main Dining Room and a meeting of the Resident Council. The poll asked their favorite foods and disliked items. The DM stated h/she was investigating a new food supplier, and planning a new menu based on the resident poll, but arrangements were not yet made regarding a new supplier, and the new menu was still being developed.</p> <p>2. Per interview with the Dietary Manager (DM) on 3/28/12 at 11:05 A.M. and per record review of the facility's Estimated Time for Meal Cart Arrival to Neighborhoods, the estimated arrival time for the dinner meal cart for the North unit is 5:25 P.M. Per observation on 3/27/12 the dinner meal cart for the North unit arrived at 5:49 P.M. (24 minutes later than estimated time). Per interview on 3/27/12 with 3 residents of the North unit awaiting their meals, they reported that "last night [3/26/12] the trays arrived at 10 of 6 [5:50 PM]." Per interview with the DM on 3/28/12, h/she confirmed the meal carts the 'last few days' have been 'slow going out' but that the kitchen will call units if there is to be a delay in arrival of the meal carts.</p>	F 364	<p>food is maintaining proper temperature when served to the Resident.</p> <p>All audit results will be reviewed at the bimonthly QA meeting.</p> <p><u>Compliance Date:</u> April 22, 2012</p>	
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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  03/28/2012
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 364	Continued From page 11  Per observation on 3/27/12 at 5:35 P.M. a Licensed Nursing Assistant (LNA #1) on the North unit called the kitchen regarding the delay in the arrival of the meal cart and was told they were "running late, due to technical difficulties". Per interview with LNA #2 on the North unit "It happens quite often. I think it's a long time to wait. It's always a 'technical difficulty'." Per interview with the Assistant Kitchen Manager (AKM) on 3/28/12 at 11:20 A.M., h/she assists in assembling the meal trays for distribution to the residents, but if a resident requests an alternative menu item, h/she must leave the assembling to prepare the individual item. The AKM confirmed that when this happens, the assembly of the meals is delayed and then the departure of the meal carts to the units is delayed.  Per interview with the DM h/she is aware of concerns voiced by residents regarding late arrival of the meal carts to the units, and the delay between the cart's arrival and the time the trays are distributed. The DM stated it is Nursing and LNAs who are responsible for distributing the trays to the residents. A test tray containing the alternate menu item of a reuben sandwich and vegetable soup was requested on 3/27/12 and received at 6:14 P.M. (estimated cart arrival time was 5:25 P.M., actual arrival time was 5:49 P.M.) The temperature of the soup was observed to be 118 degrees Fahrenheit. Per interview with the DM h/she confirmed that the soup temperature "should be hotter" and that the soup leaves the kitchen at 165 degrees. The DM confirmed that delays in arrival and distribution of the trays would affect the temperature of the foods being served, but that the LNAs were instructed to microwave	F 364			

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

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NAME OF PROVIDER OR SUPPLIER  <b>VERMONT VETERANS HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>325 NORTH STREET BENNINGTON, VT 05201</b>	
(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 364	Continued From page 12 any food per resident request. The DM also confirmed that microwaving could alter the taste and texture of certain foods served by the facility. The DM reported that the delays in the meal cart arrivals were due to new cooks, new utility people, and closer checking due to the state survey.	F 364	<b>F371</b> <u>Corrective Action:</u> The facility ensures that all food is procured, stored, serviced in a sanitary manner.	
F 371 SS=E	<b>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</b>  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 upon observation and staff interview, the facility failed to ensure that food was properly labeled, dated, and stored to prevent food borne illness. Findings include:  1. Per observation of the facility's walk-in refrigerator on 3/26/12 at 11:04 A.M., a metal storage container holding undated strawberries with visible mold on them was observed. Additionally, there was also a metal storage container holding undated limes with visible gray, soft areas indicating rotting.  Per interview with the Dietary Manager (DM), h/she confirmed both containers should have	F 371	<u>Corrective Measures:</u> 1) All Dietary staff has been educated on proper labeling and dating and disposing of food. 2) All Dietary Staff have been educated on proper labeling of received and open dates for all food products.  <u>Monitoring:</u> The Dietary Manager of Designee will conduct daily audits, x 90 days of the food storage areas to ensure proper labeling, dating, and disposal of food is taking place. Audit results will be reviewed at bimonthly QA meetings.  <u>Compliance Date:</u> April 22, 2012	

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

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NAME OF PROVIDER OR SUPPLIER  <b>VERMONT VETERANS HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>325 NORTH STREET BENNINGTON, VT 05201</b>	
(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 13 been dated and the items within 'should have been thrown out'. A container of diced pears with the date '3/17' was observed and per the DM, the fruit was good for 7 days (3/24) and should have been thrown out 2 days prior. The DM stated it was the facility's policy to mark on the container when the item was received, and again mark the date when the item was opened or first used. During a tour of the kitchen food preparation area, 2 open one gallon containers, one containing sugar free syrup with a received date of 11/24/11, the other Worcestershire sauce dated only '9/7', had no 'opened on' dates. The DM confirmed that both opened containers lacked the 'opened on' dates and therefore it was not possible to know if their contents were still usable or not, and "should be thrown out". Another opened gallon container of Catalina salad dressing had an 'opened on' date of 1/26/12. Per interview with the DM, the dressing was 'good for 4 weeks' after opening, and should have been discarded on 2/26/12.  Per interview on 3/28/12 at 11:04 A.M., the DM confirmed h/she and the kitchen staff did not know the expiration timelines for the various dry goods and perishable items used by the facility's kitchen, and that there was no facility policy regarding such. The DM confirmed that the facility policy of dating containers with a 'received' and 'opened on' date was not implemented consistently, and stated h/she had printed out FDA guidelines for food storage and would post them in the facility's kitchen, and had planned an in-service for the kitchen staff to educate them on the material, but had not done so yet.	F 371		
F 428 SS=E	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON	F 428		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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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 428	<p>Continued From page 14</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interviews the facility failed to assure that monthly pharmacy reviews were present and readily available in the records of residents in the Stage 2 sample (including but not limited to Residents #157 and #167). The facility also failed to act on pharmacy recommendations for 2 residents in the targeted sample. (Residents #90 &amp; #138) Findings include:</p> <p>1. During the Stage 2 survey, surveyors did not find evidence of pharmacy review in the records of multiple Stage 2 residents. In interview on 03/27/2012 at 2:45 PM the Director of Nursing Services and the Administrator stated that the Registered Pharmacist attends Bi-weekly Meetings with the Medical Director, themselves, and the Clinical Care Coordinators for each unit to review the medication regimes. On these days the Pharmacist also reviews the medication regimes for individual residents. The Pharmacist has created a website where the facility can view the results of these reviews and the</p>	F 428	<p><b>F428</b> <u>Corrective Action:</u> All pharmacy reviews assembled and made available to all staff on 3/28/2012. Record review was performed to assure all recommendations over the previous 6 months were addressed.</p> <p><u>Other Residents:</u> All residents are at risk.</p> <p><u>Systemic Changes:</u> Consulting Pharmacist created a quick view report generated monthly with Veteran/members last date of review, assuring a review within the last 30 days. The Consulting Pharmacist generates a comprehensive report monthly for each unit of all reviews. This report will be saved onto the facility shared drive in a designated protected folder. The Clinical Care Coordinators of each unit will access and print reports for their respective units, maintain a binder of reviews for easy access and assure follow up of any reviews requiring action.</p> <p><u>Monitoring:</u> The Pharmacy IDT will review all the recommendations within the month to assure that each recommendation has been followed up and acted upon. Pharmacy IDT will track findings and will report to bimonthly Quality Assurance Meeting.</p> <p><u>Compliance Date:</u> April 22, 2012</p>		

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STATEMENT OF DEFICIENCIES' ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  03/28/2012
NAME OF PROVIDER OR SUPPLIER  VERMONT VETERANS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 325 NORTH STREET BENNINGTON, VT 05201	
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F 428	<p>Continued From page 15 recommendations. The facility physician liaison then prints out the reviews which are sent to the physician and copies are sent to each unit to be filed in resident records.</p> <p>When this surveyor informed them that medication reviews were not found in most records, they stated that the physician liaison, who was an RN (Registered Nurse), is presently on leave and that the current replacement liaison is not a nurse and is new to the temporary position. Per interview with the facility's Medical Director (MD) and a RN on the North unit on 3/28/12 at 10:00 A.M., the facility was in 'evolution' of its' Pharmacy Review process. The present process consisted of the Pharmacist entering his recommendations on the computer and the physician's to review and respond to the recommendations. These responses were processed by a RN specifically designated for the task. All the processed recommendations were to be filed in a binder on each nursing unit, with the recommendations requiring no action to remain in the binder, and a copy of all Pharmacist recommendations and Physician responses requiring action to be filed in each resident's medical chart to be acted upon by the nursing staff.</p> <p>Per interview the facility's MD and RN from the North unit confirmed there were no Pharmacist Recommendations and Physician responses filed in either Resident #157 or Resident #167's chart. The MD confirmed both residents had Pharmacist recommendations with Physician recommendations that should have been filed in the residents' charts but were not. Per record review, the North unit's binder which per the</p>	F 428	<p>F244, F200, F353, F362, F364, F371 + F428 POC'S accepted 4/26/12 M. Huggins RN / Amata RN</p>	

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NAME OF PROVIDER OR SUPPLIER  <b>VERMONT VETERANS HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>325 NORTH STREET BENNINGTON, VT 05201</b>	
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F 428	<p>Continued From page 16</p> <p>facility's MD should have contained all Pharmacist's recommendations regardless if they required action or not for Residents #157 and #167, were absent of any Pharmacist review/recommendations for the months of 8/2011 thru 12/2012. Per interview with the facility's MD, Pharmacist Recommendations and the Physicians' responses were to be emailed and processed by the RN specifically designated, but that h/she was no longer working at the facility and the position had been absent for approximately 6 weeks.</p> <p>2. Per record review on 03/28/12, The facility failed to act upon pharmacy recommendations for 2 applicable residents.</p> <p>a) Per review on 03/28/12 of Resident #138's pharmacy reviews, one review was not acted upon until 3 months later and one review still has no response. The 11/13/11 pharmacy review recommends a 'Lipitor conversion' and the physician agreed on 02/06/12. A pharmacy review of 02/15/12 states "the resident continues with a clinically complex drug regimen, could a interdisciplinary meeting (IDT) be arranged to review this resident's medical record?"</p> <p>Per interview on 03/28/12 at 2:03 PM, the clinical care coordinator (CCC) and Nursing Supervisor stated that the normal process would be that the liaison would contact or send notice to the physician of the pharmacy's recommendation and set up the agenda for the IDT meetings which are held the first and third Wednesdays of the month. They acknowledged that here was a change in personnel "and we're trying to catch up and work</p>	F 428		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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NAME OF PROVIDER OR SUPPLIER  VERMONT VETERANS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 325 NORTH STREET BENNINGTON, VT 05201		
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F 428	Continued From page 17 out the bugs, but the expectation would be response within a month". They confirmed at that time that the pharmacy reviews were not acted upon.  b) Resident #90's MAR indicates that the resident has received PRN (as needed) Pyridium for urinary burning twice in the last 4 months 10/24/11 & 12/07/12. A pharmacy review dated 10/19/11 states "nursing- review PRN use and administration of Pyridium with MD". There is no evidence that nursing staff spoke to the the physician during the monthly visits on 11/17/11, 12/2/11, 01/2/12, 03/05/12. Per interview on 03/28/12 at 3:15 PM, the (CCC) stated that the physician would've written whether or not there was to be a change in the medication regime, in the progress notes. Additionally s/he would expect to find documentation in the nursing note of the conversation with the physician. The CCC confirmed at that time that the facility failed to act upon the pharmacy review recommendations.	F 428			



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

November 4, 2014

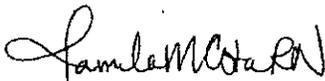
Ms. Melissa Jackson, Administrator  
Vermont Veterans' Home  
325 North Street  
Bennington, VT 05201-5014

Dear Ms. Jackson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 1, 2014**. 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

PRINTED: 10/22/2014  
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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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 000	INITIAL COMMENTS	F 000		
F 309 SS=D	<p>An unannounced onsite Recertification survey was completed by the Vermont Division of Licensing and Protection and Centers for Medicare and Medicaid Services (CMS) Regional Office staff. The following are regulatory violations identified during the survey.</p> <p><b>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b></p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow the physician's order for labs for 1 of 24 residents in the stage 2 sample, Resident #10.</p> <p>Resident #10 had a diagnosis of seizure disorder and was receiving carbamazepine 200 mg twice a day. There were orders for lab work to be done for Tegratol level every June and December and for uric acid level every 2 months. Per interview on 10/1/2014 at 8:00 AM, RN stated that the labs were drawn by an outside facility (dialysis unit) and that she would call to get the results. After calling the other facility, the RN stated that the facility did not draw these specific labs. During an interview on 10/1/2014 at 9:45 AM, the CCU manger confirmed that the June Tegratol level</p>	F 309	<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> <p>F309 Provide Care and Services for Highest Well Being.</p> <p>Resident #10 had Uric Acid levels discontinued on October 2, 2014 and Tegratol level drawn on October 2, 2014. Result was reviewed by provider.</p> <p>All residents lab orders were audited to ensure that they were drawn and follow up to results occurred as warranted.</p> <p>The Assistant Director of Nurses or designee will conduct random audits of the resident's labs to ensure that they are drawn as ordered and that follow up occurred as warranted.</p> <p>In addition to the present system for lab ordering, the facility now places ordered labs on the neighborhood calendars to prompt nursing staff to ensure that the lab is drawn and results are followed up on.</p> <p>Nursing staff have begun to be educated on the lab orders on October 2, 2014.</p> <p>Data from the audits will be brought to the QAPI meeting every two months or until the committee determines resolution.</p> <p>The Director of Nurses is ultimately responsible to ensure that resident's labs are conducted as ordered.</p> <p>Compliance Date: November 3, 2014</p> <p>F309 POC accepted 11/3/14 RIVENBURY RN/ANL</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Melissa A. Jackson, BSW, RNHA* TITLE  
*CEO* (X6) DATE  
*10/27/14*

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.



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  10/01/2014
NAME OF PROVIDER OR SUPPLIER  VERMONT VETERANS' HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 326 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 3. The sanitizer in the pot sink was at 100 ppm (parts per million) instead of 200 ppm. The dietary aide stated that there was a leak in the sink and he had added water to the sink without adding more sanitizer or testing the concentration.	F 371	F428 Drug Regimen Review, Report Irregularities.  Resident #10 had Uric Acid levels discontinued on October 1, 2014 and Tegratol level drawn on October 2, 2014. Result was reviewed by provider.	
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON  The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.  The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the pharmacist failed to notify the facility of labs not being drawn for 1 of 24 residents in the stage 2 sample, Resident #10.  Resident #10 had a physician's order for Tegratol level to be drawn in June and December. The last Tegratol level was drawn on 1/2/14. As of 10/1/14, the June level had not been drawn.  There was also an order for uric acid level to be drawn every 2 months. There were no record of a uric acid level being drawn in the medical record.  On 10/1/14 at 8 am, the RN called the other	F 428	All residents lab orders were audited to ensure that they were drawn and follow up to results occurred as warranted.  The Assistant Director of Nurses or designee will conduct random audits of the resident's labs to ensure that they are drawn as ordered and that follow up occurred as warranted.  In addition to the present system for lab ordering, the facility now places ordered labs on the neighborhood calendars to prompt nursing staff to ensure that the lab is drawn and results are followed up on. Also, the consulting pharmacist has been auditing all labs during evaluation of residents to ensure that recommendations are made for labs as warranted.  Nursing staff have begun to be educated on the Lab orders on October 2, 2014.  Data from the audits will be brought to the QAPI meeting every two months or until the committee determines resolution.  The Director of Nurses is ultimately responsible to ensure that pharmacy reviews occur monthly and that follow up is conducted accordingly.  Compliance Date: November 3, 2014.  <i>F428 POC accepted 11/3/14 R5venibjyren/pml</i>	

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NAME OF PROVIDER OR SUPPLIER  VERMONT VETERANS' HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 325 NORTH STREET BENNINGTON, VT 05201		
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F 428	Continued From page 3 facility (dialysis unit) for the results of these two tests. The RN confirmed that the other facility had not done these labs. An RN at 10 AM called the contracted lab and determined that the uric acid level had not been drawn since 2010 and the last Tegretol level was done on 1/2/14.  At 10:15 AM, an RN reviewed the Proof of RPH (Pharmacist) Reviews for March - September, 2014. The Pharmacist did not identify that these labs had not been drawn.	F 428			



# VERMONT

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

May 6, 2014

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 **March 26, 2014**. 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

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NAME OF PROVIDER OR SUPPLIER  VERMONT VETERANS' HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 325 NORTH STREET BENNINGTON, VT 05201
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F 000	INITIAL COMMENTS  An unannounced onsite annual recertification survey and investigation of multiple entity self-reports was conducted by the Division of Licensing & Protection from 3/24/2014 to 3/26/2014. Regulatory deficiencies were identified.	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 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS  The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.  The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).  The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.  The results of all investigations must be reported	F 225	F225 Report Allegations/Individuals  Resident #1 resides on the Dementia Unit and has no recall of this alleged incident. He is at his baseline behavior.  LNA who made the allegation has been terminated from the facility.  LNA who was accused was suspended pending the outcome of the investigation. The investigation concluded that abuse did not occur and the LNA returned to work after having education regarding abuse and reporting obligations.  Nurse (RN) had 1:1 education on abuse and reporting obligations.  Facility staff has begun to have education on the Hand in Hand program provided by CMS which began on 3/14/14 and is	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Melissa Jackson* BSW LNA Administrator 4/30/14  
TITLE  
DATE

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.

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F 226	<p>Continued From page 1</p> <p>to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to ensure that all alleged violations involving mistreatment or abuse are reported immediately to the administrator of the facility and to other officials in accordance with State law, including to the State survey and certification agency for 1 resident of 18 identified (Resident #1). The findings include:</p> <p>1. Per record review, on 10/12/14, a Licensed Nursing Assistant (LNA) alleged that another LNA was providing care to Resident #1 and was handling Resident #1 rough manner, grabbing at Resident #1's clothing, pushed Resident #1's face into a pillow, and turning the resident abruptly causing Resident #1's legs to hit the other LNA present. Per review of the facility investigation the LNA did not report the alleged incident that occurred on 10/12/13 until 10/14/13, when the LNA reported the incident to a facility Registered Nurse (RN).</p> <p>Per record review the RN reported the 10/12/13 incident of an LNA allegedly handling Resident #1 in a rough manner, grabbing at Resident #1's clothing, pushed Resident #1's face into a pillow, and turning the resident abruptly causing Resident #1's legs to hit the other LNA present on</p>	F 225	<p>of the Dementia training program and abuse prevention.</p> <p>Every neighborhood has administrative staffs' phone numbers in addition to Hotline numbers to report abuse. As part of the education staff is made aware of this avenue for reporting abuse. In addition, information on abuse reporting are posted throughout the facility.</p> <p>The facility has an Employee Assistance Program (EAP) to assist with personal stress and job "burnout". This program is available for all employees and has been educated as part of the "Hand in Hand" education. The numbers for this program are posted throughout the facility.</p> <p>The facility has a zero tolerance policy on Abuse and will pursue discipline for any individual who is not cleared at the conclusion of the investigations and for any individual who does not report abuse.</p> <p>The Administrator or designee have begun to review all allegation investigations and follow all staff members being investigated to ensure discipline is conducted as</p>	

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F 225	Continued From page 2 10/16/13 to the facility Administration.  Per review of the facility policy and procedure titled; Abuse Prevention Policy under the section of reporting a crime. The policy states "All events that cause the reasonable person suspicion do not result in a serious bodily injury to a resident the report will be made immediately but no later than 24 hours after forming that suspicion." Also under the section of Mandated reporters, the facility policy indicates that "All nursing home employees are considered mandatory reporters."  Per review of the facility internal investigation and confirmed on 3/24/14 by the facility Administrator, the LNA and the RN did not report allegations of abuse in a timely manner consistent with the regulatory requirements for allegations of abuse and also the facility Abuse policy and procedure.	F 225	All reportable incidents are reviewed upon completion and data from the process is brought to the QAPI meeting every two months for review, this in an ongoing process that will be continued.  The Administrator is ultimately responsible to ensure that allegations of Abuse, Mistreatment and Neglect are reported per the Abuse Policy.  Compliance Date: April 19, 2014	
F 371 SS#E	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 and staff interview the facility failed to ensure that food is stored, prepared, distributed and served under sanitary	F 371	F371 Food Storage/prepare/serve-Sanitary  The vent and fan in the kitchen area near the dishwashing area was cleaned. All other fans and vents in the kitchen were cleaned.  All fans and vents facility wide were audited and systematically cleaned neighborhood by neighborhood. All fans and vents are on a cleaning schedule.  Housekeeping staff were educated on the importance of adhering to the cleaning schedule on (add date) and will be ongoing.	

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F 371	<p>Continued From page 3 conditions. The findings include:</p> <p>Per direct observation on 3/24/14 at approximately 10:40 AM, a large black fan was noted to be in the dishwashing area, facing the clean dish area. The fan was covered with dirt and dust and was oscillating directly on the clean area which contained glasses and cups.</p> <p>Per direct observation on 3/24/14 at approximately 10:40 AM, in the dishwashing area in the kitchen directly above the clean side of the dishwasher, there is a vent that was thickly coated with dirt, grease and dust.</p> <p>Per interview with the Dietary Manager, he/she confirmed after direct observation that the large black fan was on and covered with dirt and dust blowing directly on to the clean dish area containing cups and glasses meant for resident use.</p> <p>Per Interview with the Dietary Manager, he/she confirmed after direct observation that in the dish wash area in the kitchen directly above the clean side of the dishwasher, there is a vent that was thickly coated with dirt, grease and dust. The Dietary Manager confirmed it was directly over the clean side of the dishwasher.</p>	F 371	<p>The Main (Agency) Director will conduct weekly random audits of facility fans and vents to ensure that they are clean.</p> <p>The administrator or designee will conduct random audits of fans and vents to ensure the cleaning schedule is being followed.</p> <p>Data from the audits will be brought to the QAPI meeting every other month for six months or until the committee determines resolution.</p> <p>The administrator is ultimately responsible to ensure food is prepared under sanitary conditions.</p> <p>Compliance Date: April 19, 2014</p>	
F 465 SS-D	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p>	F 465	<p>F465 Safe/Functional/Sanitary/Comfortable Environment</p> <p>The Electric Wheelchair was removed from the hallway upon discovery and was charged in the SDC room at the end of the corridor.</p> <p>The oxygen tank was removed from the walker upon All electric wheelchairs have been removed from the corridors and are charged in designated areas on the units.</p>	

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F 465	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the Facility failed to assure a safe environment for residents, staff and the public. Findings include:</p> <p>1. Per observations on the American Unit for two days of survey, a power wheel chair was observed nearly blocking the exit door and parked in front of the fire pull box, as well as other equipment, creating potential hazard was present in the hallway. A sign on the glass door notes [a circle with a line through it] "this is a no storage zone - no stuff".</p> <p>Also, a four-wheeled walker had an oxygen tank hanging off the front bar.</p> <p>Per observation and interview with the Maintenance Director, Administrator, and Assist DNS at 2:40 PM on 03/25/14, stated that per life safety codes no items are to be stored in the hallways for more than 30 minutes and that staff are trained on this concern. S/he confirmed that the oxygen tank on the walker, which could easily be tipped and the power wheel chair blocking the egress, is a potential safety issue.</p>	F 465	<p>No oxygen tanks are used on walkers and all have been placed in holders.</p> <p>The Maintenance Director will conduct random audits of Electric Wheelchairs and Oxygen tanks to ensure proper storage and oxygen holders are being used.</p> <p>The administrator or designee will conduct random audits to ensure compliance in this area. Data from the audits will be brought to the QAPI meeting every other month for six months or until the committee has determined resolution.</p> <p>The administrator is ultimately responsible to ensure that the environment is safe.</p> <p>Compliance Date: April 19, 2014</p>	