

Regulation of Nursing Homes in Vermont – A Brief Overview

There are 39 licensed Nursing Homes in Vermont. 37 of the 39 are also CMS (Centers for Medicare and Medicaid Services) Certified for participation in the Medicare and Medicaid programs. Nursing Homes are regulated by the Division of Licensing and Protection (DLP), since DLP is the CMS State Survey Agency. Nursing Homes are required to follow both Federal CMS regulations and State regulations.

DLP has 18 total Registered Nurse Surveyors. 3 are office based and include the Assistant Director, Licensing Chief, and Complaint coordinator. The remainder are home based and travel around the State conducting various types of survey activities. We cover over 300 health care providers in Vermont including Hospitals, Home Health & Hospice Agencies, Residential Care Homes, Assisted Living Residences, Dialysis Facilities and other types of providers.

Nursing Homes that are CMS Certified are required to be surveyed every 9-15 months. Our recertification surveys are unannounced onsite surveys that are conducted by teams of Nurse Surveyors. The team is typically 4-5 surveyors and the surveys last about 3 days. The survey process is dictated by CMS and at this moment it is a computerized program titled the "Quality Indicator Survey". Surveys include observations, resident, staff and family interviews, and medical record reviews. The teams look at 40 current residents and examine 30 records of past residents/past admissions for current residents. Investigations are conducted into areas that are identified as areas of concern for each resident after making observations and conducting interviews. At the conclusion of the survey, the facility is informed of the potential findings by the team during an exit conference. Within 10 business days, the findings are documented in our federal database and sent to the facility. Each finding of regulatory non-compliance is assigned a "scope and severity" depending on the actual outcome to the resident or potential outcome. The scope and severity of findings is what dictates any enforcement action taken by CMS. If there are regulatory findings, the facility is required to submit a written plan of correction which has to identify how they are going to correct the identified deficiency. DLP then conducts a follow up survey to ensure the facility has made the corrections as required to obtain substantial compliance with regulatory requirements.

The two nursing homes that are not CMS certified are surveyed annually.

DLP is also responsible for investigating complaints and facility-reported incidents. We have dedicated phone and fax lines for receiving complaints and mandated facility-reported incidents. Complaints are typically investigated separate from the full recertification surveys. Complaints are triaged based on outcome to the resident or potential outcome. They are assigned a timeframe for investigation and another unannounced onsite survey occurs to complete the investigation.