



Vermont Veterans' Home
Security and Access Control:
GMCB-005-21con
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Documented prepared by:
Melissa A. Jackson, MBA, FACHCA
Vermont Veterans' Home
325 North Street
Bennington, VT 05201
802-447-6510
Melissa.jackson@vermont.gov

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Section 1: Facility Overview

The Vermont Veterans' Home (VVH) is an agency of the State of Vermont and is located on 84 acres in Bennington, VT. Founded in 1884 the first residents admitted to the facility were Civil War Veterans. VVH cares for Veterans, their spouses or widows and Gold Star Parents. Most of our residents are Vermonters, predominately from Southern Vermont but we have residents from New York and Massachusetts. At its inception the facility was a working farm for Veterans but over the next 134 years the care and services of the home have changed dramatically.

The facility is now a 130-bed skilled nursing facility that contains 64 private rooms and 33 semi-private room (2 residents per room) and an 8-bed, all private rooms, residential care III facility. Comprising of 140,000 square feet, predominately single story, facility. VVH has 5 neighborhoods (nursing units). 4 of these neighborhoods are for the nursing home residents and one is for the residential care residents. One section of the facility has a second floor that is used by Human Resources, the Business Office, and the IT department. Additionally, part of the footprint of the facility contains the Trenor Park home from the 1800's. This building has been incorporated into the facility and contains the administration offices, a board room, and three guest rooms. Prior to the COVID-19 pandemic, out of town family members could reserve one of the rooms to stay overnight while visiting their loved one at the facility. VVH is licensed by the Centers for Medicare and Medicaid Services and the Veterans' Administration.

CMS and Pinnacle Ratings

VVH has achieved the following CMS ratings:

- Overall Rating 5-star (much above average)
- Health Inspection 4-star (above average)
- Staffing 5-star (much above average)
- RN Staffing 5-star (much above average)
- Quality of resident care 2-star (below average)

Additionally, the facility recently received 10 Best in Class Awards from Pinnacle Quality Insight Group. Pinnacle interviews one-twelfth of the facility's residents or their family members each month. The results of these surveys are compared with nursing homes across the country. These awards include:

- Overall Satisfaction,
- Nursing Care
- Quality of Food
- Individual Needs
- Communication from Facility
- Response to Problems
- Dignity and Respect
- Recommend to Others.
- Activities

- Overall Customer Experience

Inspection Results

During the COVID-19 pandemic the nursing home received a deficiency free infection control focus survey from CMS on April 7, 2020. The residential care facility received a deficiency free infection control review from the State of Vermont Department of Licensing and Protection on May 20, 2020. Both the nursing home and the residential care home received a deficiency free record review from the Veterans Administration on January 26, 2021.

The home has repeatedly been chosen as the best nursing home in Bennington County by the readers of the Bennington Banner and we recently identified by U.S. News and World Report as one of the top nursing homes in Vermont.

Services Provided

Our nursing home provides long-term care, short-term rehab care, hospice care, end of life care, respite care and memory care. Our memory care is provided in a 30-bed dedicated secure neighborhood with a large secure outdoor area that allows our residents freedom of movement throughout their environment. Specialized activity programs are offered to help engage those with dementia or cognitive loss. Our Namaste program is a therapeutic program that provides care in a quiet environment to help reduce behaviors and the need for medications. This program was started at VVH and has been replicated across the world via the work of Joyce Simard. Individualized music is provided to our residents via the Music and Memory program. Residents have their own iPods with their favorite music. Studies have shown that music helps to trigger long-term memories for those with dementia. In some cases, this music provides a calming impact on those who are anxious or having potential negative behaviors due to their dementia, thus reducing the need for medications to address these issues.

Three nutritious meals and snacks are provided daily by our dietary department. Therapeutic diets such as no added salt and sugar free and religious diets such as kosher food are provided. Meals are provided in varying textures based on an individual's ability to consume a meal. Thickened liquids are provided as needed.

Twenty-four-hour individualized care and supervision is provided to our nursing home residents by our RNs, LPNs, and LNAs. Care includes, but is not limited to, ensuring medication prescribed by a physician are administered as ordered, assistance with activities or daily living (bathing, dressing, toileting, assistance with meals and ambulation), wound care, IV medications, and g-tube feedings are provided.

Primary care is provided on site for both our nursing home and residential care residents. These services are provided via a staff Advanced Practice Nurse and a contracted medical director and physicians. Specialty care services are arranged by facility staff with providers in the local community or the Veterans Administration, based on resident preference and availability.

Therapeutic recreation activities such as bingo, exercise, music, and trivia are provided by the facility's activity staff. The facility also has an outdoor airsoft rifle and pistol range and staff who are NRA certified range operators to always ensure safety. Our expansive grounds contain a

deer park and a trout pond. Prior to COVID-19 we held 2 fishing derbies annually and our residents can fish at any time. Staff assist and encourage our residents to get outside as much as possible. The facility uses golf carts to provide access to the large campus. A large outdoor pavilion and two small gazebos allow for outdoor events such as picnics and music. These activities have been placed on hold due to COVID-19 restrictions but will be restarted when restrictions are eased.

Rehabilitation services in the form of physical, occupational, and speech therapy are offered on an inpatient and outpatient basis. These services are provided via a contracted provider and are offered seven days a week and are provided based on the individual's plan of care.

End of life care or palliative care can be provided by our staff or in conjunction with two local hospice agencies. Residents and/or their family members are provided information on each of the hospice agencies and choose the agency they feel will best meet their needs. The facility has a dedicated hospice/end of life room called the Regan Room. Resident and/or their family members can choose to move to this room or remain in their current room to receive end of life/hospice care.

Chaplin/religious services are provided by two chaplains and a Catholic Priest. Prior to COVID-19 regular non-denominational and catholic services were provided. These services are now recorded and played on our in-house television station. Last rights are provided in person via our chaplains, the Catholic Priest, or via the resident's community preferred clergy.

Our residential care level III residents receive assistance with medications, have three meals and snacks provided daily, activity programing, and transportation to outside appointments. Assistance with activities of daily living may be provided based on individual needs.

Organizational Structure and Employees

The Chief Executive Officer (CEO) is a licensed Nursing Home Administrator who is responsible for the daily operations of the facility. Although appointed by the Governor of the State of Vermont the CEO's primary reporting responsibility is to the facility's Board of Trustees. The Board consists of 21 individuals appointed by the Governor of the State of Vermont. Fifteen of these members will be veterans of the U.S. Armed Forces, one individual will be a classified employee of the home and the remaining are individuals can be Veterans or non-veterans. The responsibilities of the Board of Trustees can be found in V.S.A Title 20 Chapter 87 §1711 - §1720.

A senior leadership team consisting of a Chief Operating Officer (COO) and the heads of the various departments supports the CEO in ensuring that regulatory compliance and high-quality care and services are provided to the residents.

Our nursing department consists of a Director of Nursing Services, an Assistant Director and administrative nurses provide oversight of the facility's infection control program, staff development, Quality Assurance Performance Improvement, and resident assessments. Direct care is provided to our residents by RNs, LPNs, and LNAs. Prior to COVID-19 an LNA class was offered at least twice a year. This allowed individuals to complete the course work and

clinical experience needed to take the State of Vermont's LNA licensing exam. When the individuals passed this exam, they were offered LNA positions at the facility. Our graduation and exam pass rate has been consistently at 100%. We are planning our first LNA class now that COVID-19 rates are on the decline and vaccinations are on the increase. The facility maintains a simulation-lab complete with a simulation mannequin. This allows all clinical staff to maintain their annual competencies and receive training on new or updated medical devices.

Primary medical care is provided by a team of contracted physicians and nurse practitioners. Rehabilitation services in the form of contracted physical, occupational and speech therapies are offered, and mental health services are provided by our staff Social Workers, a contracted psychologist, and a contracted psychiatrist. Hospice care is provided in conjunction with two local contracted Hospice agencies.

Our laundry, housekeeping, and maintenance department ensure that our Veterans and Members always live in a clean and safe environment. Transportation to outside appointments and events is provided by a contracted employee.

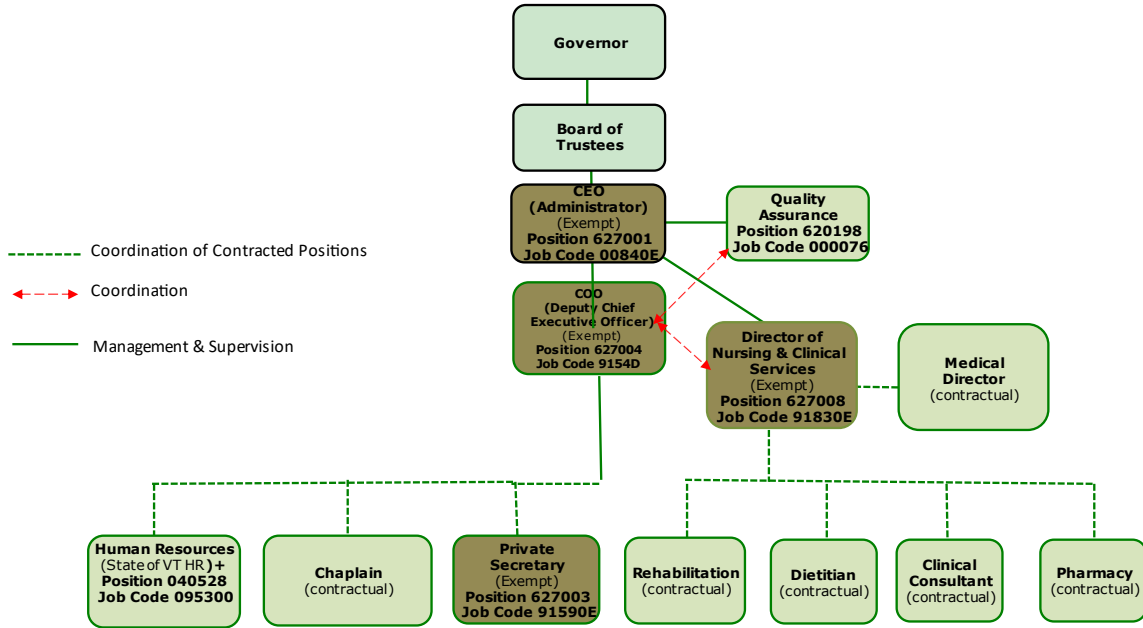
The business office staff ensures timely billing of all care and services. They also assist residents with purchasing items they request and monitoring each resident's trust account. This office assists with the Medicaid and Medicare cost reporting and the annual facility financial audit. The facility is very fortunate to receive monetary donations for various departments, projects, or nursing neighborhoods. These donations and their use are accounted for by the finance department and this monthly accounting is shared with the home's Board of Trustees.

Support staff including an Executive Assistant to the CEO and COO, Nurse Scheduler, Nursing Secretary, and facility receptionist complete the VVH team.

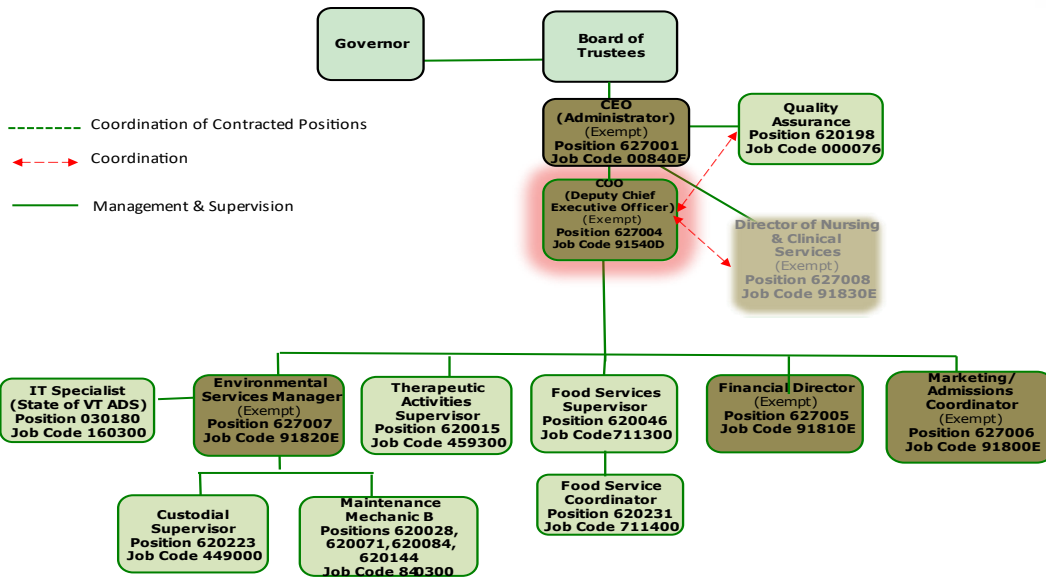
Due to the fact we are not increasing our bed capacity there will be no need to recruit additional staff. This project will not require us to take beds/rooms offline so we will not need to reduce our current staffing levels. We will continue to work with the State of Vermont Department of Human Resources to recruit for our open positions.



The Vermont Veteran's Home Administration



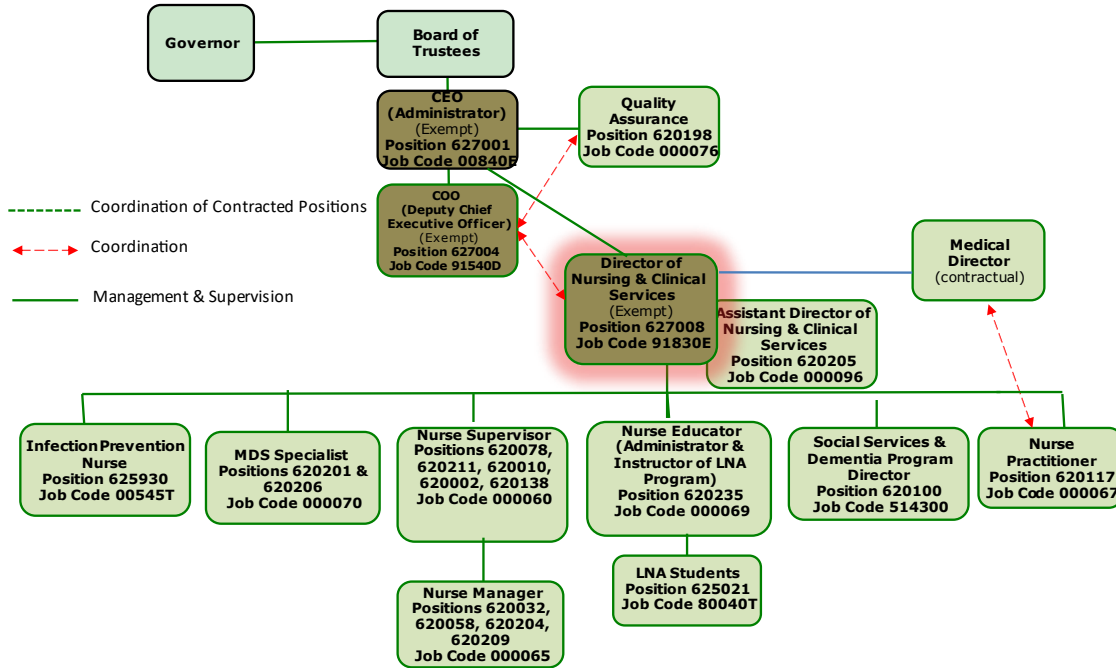
The Vermont Veteran's Home COO/Deputy Management & Supervision





The Vermont Veteran's Home

Director of Nursing Management & Supervision



Cost of Care and Services

The cost of care is paid for by Medicare, Medicaid, Veterans Administration, commercial insurance, and private pay. Additionally, this facility receives State of Vermont General Funds as part of our yearly operational budget.

The average length of stay was 1,046 days or 2.9 years in FY 2020, cost per day per resident was \$549.56 in FY 2020 and cost per bed was \$187,127. When this project is completed, we anticipate no change in our average length of stay but our cost per day per resident will increase to \$584.96 and our cost per bed will increase to \$195,987.

Section 2: Project Description

Although on a main throughfare in Bennington, the facility sits back from the main road, limiting the ability for the public to notice unusual or illegal activity on facility grounds. Approximately two years ago, VVH noticed an increase activity of individuals not employed by VVH and suspected illegal activity happening in the late evening and overnight hours. These activities raised serious safety concerns for the individuals living and working at VVH. To immediately address our concerns, we entered a contract with the local sheriff's department to provide onsite security during the late evening and overnight hours. VVH does not currently have a security system and only a handful of doors have card access leaving our residents and staff at risk.

The overarching goal of this project is for VVH to remain a welcoming and hospitable home for our residents, staff and visitors while maintaining suitable safety and security for all who use and visit the facility. This project will evaluate the safety and security needs and determine goals and objectives that meet current practices, codes, ADA rule, federal regulations, and to address VA inspection deficiencies related to interior fire door concerns. The internal fire doors are aging and do not seal properly when closed; they require replacement. With poor exterior lighting for our employee parking area and 60 exterior entryways, most without secure card access and easily breached when locked; the facility must replace the exterior doorways, evaluate the 560 internal doorways, add secure card access, and breach alarms to ensure the safety of those that work and reside at the home. The project will include the installation of a comprehensive electronic security system that would include access control, CCTV, door locks, monitoring systems, emergency call boxes, and intrusion alarms. Remote ability to notify local law enforcement will be included in this project, this is especially important for after normal business hours when a receptionist and administrative staff are not available in the event of an emergency.

The first purpose of this project is to evaluate safety and security needs and determine objectives that meet current practices, codes, ADA rules, and Federal regulations.

The second purpose is to design and install facility-wide security systems for residents, staff, and visitors as they enter, exit and move about the home and grounds.

The design team evaluated the facility based on seven categories:

1. Code and Regulatory Requirements
2. Doors
3. Windows
4. Cameras
5. Panic Buttons/Lock-down
6. Site
7. Elevators

To organize this effort, the initial task was to devise and implement a comprehensive naming convention for the 10 wings that make up the existing facility. A key plan was created to illustrate the wing designations referenced throughout the project documentation. Furthermore, new door references are prefixed with the letter designation of each wing for quick orientation.

- A Wing – American Way
- B Wing – Brandon Boulevard
- C Wing – Cardinal Point
- D Wing – D-Day Way (used as a domiciliary)
- E Wing – East Wing
- K Wing - Kitchen
- L Wing – Laundry
- M Wing – Administration
- N Wing – North Wing
- P Wing – Public (Crispe Multi-Purpose Room/Chapel)

Scope of Work

The following codes apply to this project:

- Vermont Adopted Codes and Standards
- Vermont Fire and Building Safety Code, 2015 edition
- Vermont Electrical Safety Rules, 2017 edition
- Vermont Elevator Safety Rules, 2014 edition
- Vermont Access Rules (ADA), 2012 edition
- NFPA 1 Fire Code, 2015 edition
- NFPA 101 Life Safety Code, 2015 edition
- The International Building Code, IBC, 2015 edition
- NFPA 70 National Electrical Code, 2017 edition

According to NFPA 101, the Vermont Veterans Home is classified as an Existing Health Care Occupancy, subject to general requirements of the code, specific requirements of Chapter 19 (Nursing Home) and Chapter 33.2 (Domiciliary). Center for Medicare and Medicaid Services (CMS) standards also apply to the Vermont Veterans Home.

Egress requirements for buildings in the State of Vermont are defined by the requirements of NFPA 101 Life Safety Code, 2015 edition and Vermont Access Rules (ADA), 2012 edition.

The Facility Diagram identifies building exits as they currently exist throughout the facility. Points of exit discharge were determined in concert with existing interior exit signage. A small minority of exit doors do not have building or roof overhangs. This is important in maintaining a clear path of discharge from exits during inclement weather and the Vermont winter months. Building exits that do not have weather protection by building or roof overhangs are limited to the P Wing and L Wing(s).

Doors and Hardware

The current “Fire Evacuation Plan” will be evaluated and modified by VVH in coordination with the building access control upgrades associated with this project. Fire and smoke door inspection and testing reports documented both Fire Door and Smoke Door configurations throughout the facility. Unfortunately, the reports conflict with today’s standards, making them of limited use for this project. Numerous openings with fire/smoke labels were discovered that were not part of the reports. Many doors marked as smoke rated openings appear to be out of compliance. Most of these openings do not have a visible label, are not self-latching (as is required by code) and have various non-code compliant defects.

Most of the cross-corridor doors have magnetic hold-open and push pull hardware. These doors need to be self-closing and self-latching. Doors that have latching hardware are not in compliance since they are missing auto flush bolt and functional door coordinators. Additional issues include:

1. Clearly defining rating requirements at these openings before repair or replacement can be completed.

2. Cross-corridor doors should have fire ratings, not just smoke ratings. Labels are missing or painted over on the majority of these openings.
3. Most cross-corridor doors have clearances out of compliance. For most doors, the door clearances, which is the gap around or between door leaves, is larger than what is allowed, especially at meeting stiles.
4. Holes and modifications left by previous magnetic lock installations need to be addressed through repairs or replacement according to Code.
5. Replacement of the majority of fire and smoke door assembly pairs documented in existing door reports.

Where doors are being replaced, the upgrades and related separation/protection will be scheduled in accordance with NFPA 101 regulations and Table 32.3.3.2.2 regardless of the existing wall assemblies in which the door/frames are installed. This approach assumes the existing construction separation/protection is met and the new work complies with the opening requirements necessary.

Door and Hardware Scope of Work also includes the following:

- All doors equipped with knobs will be upgraded with lever sets complying with current Vermont Access Rules (ADA) requirements.
- Install weather-stripping on all exterior doors scheduled to remain.
- Replace all existing 5 button keypad locksets with 12-button keypad lock sets, Kaba Powerplex 2000. These units are individually programmable, self-powered units.
- Resident room entry doors and hardware (A, B, C Wings) are currently equipped with hospital paddle style latches that are no longer manufactured. Replace with new room doors with mortise passage set (similar to N Wing: rotary cut, stained birch veneer, and particleboard core).
- Resident room entries (D Wing) currently require 2-action exit of unlocking the deadbolt and activating the handle for exit which does not comply with Life Safety code requirements. Reuse existing room entry door but replace existing lever set and deadbolt with interior access control. This allows residents of the Domiciliary the freedom to enter and exit the facility and their resident room with the use of a single access control card.
- Chapel: Maintain the existing aluminum and glass storefront system with an upgrade to the rooms entry doors. Upgrade to new pair of wide style aluminum doors with a hold opens and closers with upgraded ADA compliant Push/pull hardware.

There are multiple objectives that can be accomplished by installing a functional, robust, access control system on the interior and exterior doors at the Vermont Veteran's Home. Of primary concern in the context of security is controlling the physical space. The fundamental questions are: "who has access", "when do they have access", and "what do they have access to". With an appropriate access control system in place, these variables are easily manipulated, providing the residents and staff with the best possible security measures to protect them. Moreover, administration of such a system is extremely easy, does not require physical keys or constant re-keying of locks, and allows for precise oversight of the facility's doors.

As much as possible, different types of keys, PIN pad doors, etc. should be eliminated and replaced by an access control system. This is especially important in consideration of events such

as lockdowns. In the event of a lockdown requirement, under current protocol, facilities personnel must physically go to doors and lock them with keys. This is an inefficient and dangerous situation and integrating interior as well as exterior doors into a properly managed access control system would resolve this entirely.

Install a facility-wide Access Control system with:

- (16) Exterior Doors
- (37) Interior Doors
- Monitoring for other exterior doors with 24/7 locks.
- Master keying system with restricted keyways, SFIC format hardware

Window Security

Monitor the status of certain windows for an open/ closed status, with the ability to send notifications to relevant personnel if a window is open outside of a set schedule. Install contacts on the specified windows, running wire back to the closest controller board, and landing the wire on an accessory input board. The following window locations will be monitored for security consideration: (refer to attached Facility Diagram)

- (20) at M Wing (Administrative building), first floor only
- (13) at E Wing (East Wing)
- (12) at P Wing (Crispe), first and second floor

Security Cameras

There are several critical areas requiring surveillance: (refer to attached Facility Diagram)

7 Exterior Cameras

- (2) at Main Entrance, M Wing
- at Gated Courtyard, A Wing
- at Employee Entrance, N Wing
- at Loading Dock Area, K Wing
- at Crispe Entrance, P Wing

9 Interior Cameras

- at Main Entrance, M Wing
- (8) at Med Rooms and Pyxis (Omniceil) Rooms, A, B, C, D, E, M, and N Wings

Monitoring will be via record/recall stored on server and not live stream/staffed observation. On site server storage of monitored data for quick VVH retrieval when required with possible EMS connection in the future. Equipment is planned for room IT M-122.

Lockdown System

The Lockdown system will be tied into the access control system. 5 locations for the installation of a lockdown button have been recommended:

- Front Reception Desk (M Wing)
- (4) 24/7 Nurse Stations (A, B, C, and N Wings)

This system/integration will also allow key personnel and EMS to be notified automatically in the event of a lockdown at the facility. As referenced in the DOOR Section above, all exterior doors would be part of the lock-down system to prevent intrusion of outside threats. In the event that a threat has entered the building, interior cross-corridor or traffic doors may be locked.

Site Work:

- Replace all metal halide pole top lighting heads with LED heads.
- Provide building mounted, wall, or canopy lighting at all legally required egress doors.
- Replace all flood lighting luminaires with full cut-off luminaires, similar to the VVH standard RAB Lighting pole top luminaire.
- Install emergency “blue lights” which would have the capability of calling the local police department in the event of an emergency.
- Evaluate compliance with the capacity of the existing emergency power system.
- Replace the existing chain link fence and gate at the entrance to the A-Wing courtyard with a new 7’ high, aluminum fence and gate assembly. Fencing will span continuous between A Wing and N Wing with a single 5 ft wide gate offering equipment access to the courtyard. The gate would also be equipped with egress style hardware to ensure the safety and free passage of staff and residents in the event of emergency. A gate that is self-closing/latching/locking from the exterior will ensure the continued perimeter security of this outdoor amenity.

Miscellaneous

The facility has 2 Dover elevators which are key switch operated. Convert these units to card/fob operation. The original 1800’s administrative wing (M Wing) utilized a metal stair/landing assembly (“fire escape”) to provide egress from two bedrooms located on level 3 to a first-floor roof. A second stair/landing assembly connects the first-floor roof to grade. Remove both stair/landing assemblies with the following scope:

1. removal of metal stair and landings
2. removal of ferrous metals attached to/embedded in masonry wall.
3. patch/repair masonry and mortar
4. patch/repair roof
5. patch/repair wood cornice
6. shoring of existing sprinkler piping during demo/construction activities
7. install new sprinkler pipe hangers (currently hung by stair assemblies)
8. brick cleaning

Install a video intercom at the main entrance and a master station for answering after hours. The appropriate system would also allow for mobile/remote answering.

Install unified signage system for doorways including door number, braille, optional window for name/department(s).

Project Timeline

The project design work, including full construction plans and specifications, has been completed by Freeman French Freeman Architects and reviewed by VVH staff and Buildings and General Services staff. As of the date of this document, the State has issued a Request for Proposals for bids by General Contractors to construct the project.

We anticipate that the project construction will commence as early as September 2021. The anticipated date of substantial completion (notwithstanding punch list items) is at the end of August 2022, with full project completion and the start of the Contractor's warranty period in late September 2022, approximately one year from the initial Contract date.

Exterior work, including site work, lighting, security cameras, emergency stanchions and related infrastructure is expected to be completed during the first two months of the project construction period.

Section 3: Project Costs and Financing

This project will cost \$2,623,375.00. Based on an approved State Home Construction Grant award from the VA the VA will be responsible for 65% of the project costs, \$1,705,193.75, and the State of Vermont will be responsible for the remaining 35%, \$918,181.25. The State of Vermont has secured this funding and it was included in Act 72 (H.542) of 2019 Sec E.342.1 Vermont Veterans' Home Safety and Access Control Upgrades "(a) The Vermont Veterans' Home is authorized to use \$918,750 as 35 percent State match for its VA grant to address safety and access control."

Architect

VVH retained Freeman French Freeman (FFF) to act as architect for the project. FFF is responsible for preparing all plans, designs and drawings related to the project and for reviewing the work of the general contractor. A copy of the FFF project plans and drawings (the FFF Plans) is submitted as a PDF attachment to this application. The FFF Plans include the following, which show the current plan and the new plans in full detail:

General Contractor

The Vermont Veterans Home is currently working with State of Vermont BGS/OPC to reissue bid documents for this project. We anticipate a contract will arise out of the bid process in late June or early July, with an expected start date in August 2021. Substantial completion should be one year or less from the start date. As a part of the project contract, the successful bidder will be required to provide a detailed charted project timeline, with specific attention paid to project phasing and work in resident areas. This may include temporary displacement of residents and staff, which will include proper advance notice of relocation to another section of the facility while upgrades are being completed. Any displacement will be temporary in nature and of limited duration.

Section 4: Statutory Criteria and HRAP Standards

1. Proposed project aligns with statewide health care reform goals and principles because the project:

A. Takes into consideration health care payment and delivery system reform initiatives.

To ensure VVH has taken into consideration the health care payment system and the delivery system reform initiatives we worked with the State of Vermont Department of Building and Grounds and Freeman French Freeman Architects to ensure the security and access control system is a system with proven dependably, is cost effective. The design of this project to into account the following codes, standards:

Vermont Adopted Codes and Standards
Vermont Fire and Building Safety Code, 2015 Edition
Vermont Electrical Safety Rules, 2017 Edition
Vermont Elevator Safety Rules, 2014 Edition
Vermont Access Rules (ADA), 2012 Edition
NFPA 1 Fire Code, 2015 Edition
NFPA 101 Life Safety Code, 2015 Edition
The International Building Code, IBC, 2015 Edition
NFPA 70 National Electrical Code, 2017
Centers for Medicare and Medicaid Services Nursing Home Regulations
The Veterans Administration Regulations for State Veterans Homes

B. Addresses current and future community needs in a manner that balances statewide needed.

There will always be a need for nursing home and residential care in the State of Vermont. These care and services should be provided in a homelike environment that allows for the individual care needs and autonomy of those residing at VVH. This individualization of care and autonomy needs to be balanced with ensuring the facility provides the safety and security of those living and working here. A new security and access control system ensures we are meeting the current community safety and security needs and this system will allow for upgrades and updates as needed to address future safety and security needs.

C. is consistent with appropriate allocation of health care resources, including appropriate utilization of services, as identified in the HRAP pursuant to section 9405 of this title.

The Vermont Veterans' Home was provided 65% funding for this project by the Veteran's Administration via a Priority 1 grant approval. Priority 1 grants are those that are directly related to life safety needs and are the highest priority for the VA when determining which applications will receive funding.

CON STANDARD 1.9: Applicants proposing construction projects shall show that costs and methods of the proposed construction are necessary and reasonable. Applicants shall

show that the project is cost-effective and that reasonable energy conservation measures have been taken.

The proposed renovation project is being done in the most cost-efficient manner possible. The State has a long-established and firm bidding process which should award the project to the lowest qualified bidder. The projected costs developed by the Architect are in line with projected cost estimates developed by VVH staff for grant funding.

The facility has specific requirements related to physical security that are not currently being met by the existing infrastructure. The proposed renovations are necessary for resident, staff, and visitor safety.

Given that the nature of the renovations consists primarily of doors, frames, hardware and electronic security measures, energy conservation is limited to exterior lighting, thermal performance improvements to exterior doors, sealing and weatherstripping. Any new doors and windows will be selected and optimized for energy efficiency.

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

Not applicable. The Vermont Veterans Home is not proposing a new health care project. The proposed project will renovate portions of the physical environment to improve safety and security for residents, staff, and visitors. Limited energy conservation measures will be instituted with safety and security in mind, including replacing exterior light luminaires with high-efficiency LED fixtures, sealing and weatherstripping exterior doors and windows where applicable.

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 Institute (FGI), current edition. See Bulletin 001 for CON on GMCB website.

Not applicable. This project does not propose new construction or expansion of the existing footprint for the facility.

CON STANDARD 5.2: Nursing homes or similar entities seeking to replace or increase beds shall show the beds are needed. Such showing of need shall be confirmed by the Department of Disabilities, Aging and Independent Living.

This standard does not apply to this project as we will not be replacing or increasing any beds.

CON STANDARD 5.3: Nursing homes or similar entities seeking a certificate of need shall provide a written recommendation from the Department of Disabilities, Aging and Independent Living supporting the new health care project proposal.

The Department of Disabilities, Aging and Independent Living provided a written recommendation for this project. A copy of this letter of recommendation can be found in section 7 of this document.

CON STANDARD 5.4: Nursing homes or similar entities seeking a certificate of need shall demonstrate the applicant is sufficiently capitalized and insured to protect residents against substandard care and to provide for sufficient protection in the event of legal liability of the facility or the facility's operators.

As mentioned in our introduction, the Vermont Veterans' Home is an agency of the State of Vermont, and our budget is reviewed and approved by the State's Legislature. In our FY2021 budget, General Funding is 11.2% of funding and in our FY2022 proposed budget, General Fund is 11.6% of funding. If additional monies are required, we will request from Finance & Management emergency funding as well as request for additional funds through the State's annual budget adjustment request process. Since we are a State Agency, we have liability coverage through the State's Risk Management department. Additionally, since we responsible for resident's funds, we have a separate Surety Bond for up to \$250,000.00.

Triple Aims: Institute of Healthcare Improvement (IHI)

1. Improving the Individual Experience of Care

The security and access control project at VVH will improve the individual experience of care at the facility by taking additional steps to ensure that the facility is safe and secure. This system will allow for immediate notification of unauthorized access to the facility and all the staff to respond proactivity verse reactively. This proactive response will help to reduce the risk of negative outcomes for an authorized entry into the facility.

2. Improving Health of Populations

The health and safety of our employees are also improved by this project for the same reasons this project improves the individual experience of care. With the ability to proactively respond to unauthorized access to the facility the risk of harm to employees is reduced and the ease of accessing local law enforcement and other emergency services can take place from almost anywhere in the building. Having a safe environment to recover from and acute illness or for long term care will allow the residents to focus on those goals instead of being concerned about their safety.

3. Reducing the Per Capita Costs of Care for Populations.

The facility is currently paying \$156,000.00 a year for contracted security coverage via the local Sheriff's office. When this project is fully operational, we will be ending the use of this contracted service, thus saving the facility \$156,000.00 per year.

The cost of project is reasonable because each of the following conditions is met:

A. The applicant's financial condition will sustain any financial burden likely to result from completion of the project.

As stated in our response to CON Standard 5.4 above, as an Agency of the State of Vermont, the State will assist in additional funding, if necessary, to complete the project.

B. The project will not result in an undue increase in the costs of medical care or an undue impact on the affordability of medical care for consumers. In making a finding, the Board 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; and**

The short-term financial impact on this project will be the increase in Depreciation Expense over the estimated useful life of the capital improvements. Using the American Hospital Association's (AHA) guidelines for depreciable assets, our depreciation expense will increase by an additional \$235,131 per year. Additionally, the Vermont Veterans' Home has not increased charges since fiscal year 2018. VVH did not have a rate increase in our FY2022 budget request.

- (ii) **Whether the impact on services, expenditures, and charges is outweighed by the benefit of the project to the public;**

There will be no impact on services during the renovation time or after the project is completed. Since the project is a shared funding with the Veteran's Administration at 65% of cost and the State of Vermont at 35% of cost, the only increase will be the annual depreciation expense of \$235,131. As mentioned above, we have not increased our rates in three (3) years and our FY2022 budget has no increase in rates either. A small portion of our budget is from private pay veterans/members at 7.1%. Increasing rates will only impact these residents while payments from Vermont and New York Medicaid and the stipends from the Veteran's Administration are fixed. A portion of our budget is funding from Vermont's General Fund (11.6%) and we request budget adjustment dollars for our Vermont Medicaid settlement, following Finance & Management's budget development guidance.

The benefit to our veteran/member and employee community will be a more safe and secure facility. Since we are an agency of the State of Vermont, almost 85% of our budget is fixed – Salary, Benefits, Allocations and Plant expenses. Again, mentioned previously, we sit on approximately 84 acres land and have 60 exterior entryways.

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

The goal of the proposed project is to provide a safe and secure environment for residents, staff and visitors to the facility. Due to the age and condition of the facility's infrastructure, the commonly accepted methods of protection from those who would cause harm, are compromised and inadequate for protection. The Veterans' Home has investigated partial renovations to sections of the facility, as well as "a-la-carte" replacement of doors and hardware, and these investigations have proven to be more expensive in total to implement due to a much higher labor cost for

frequent returns to the site. A comprehensive electronic lockdown system, card readers and master key system are much less expensive to implement as a facility-wide system rather than bits and pieces over time. We have not found less expensive alternatives but there are several more expensive alternatives available.

D. If applicable, the applicant has incorporated appropriate energy efficiency measures.

Renovations consist primarily of doors, frames, hardware and electronic security measures, energy conservation is limited to exterior lighting, thermal performance improvements to exterior doors, sealing and weatherstripping. Any new doors and windows will be selected and optimized for energy efficiency.

2. There is an identifiable, existing, or reasonably anticipated need for the proposed project that is appropriate for the applicant to provide.

The Vermont Veterans' Home is entrusted to care for Vermont's most vulnerable Veterans, spouses, and Gold Star Parents. As a health care facility, it is widely known that controlled substances are maintained on the property. Due to the lack of a security system any one of our 60 exterior doors could be breached and staff would not be aware of this situation until they are confronted by an individual who does not belong in the building or on the property. Although we have a sheriff on the property during the evening hours it is imperative that we ensure the safety of those residing and working at this facility. To do this a comprehensive safety and security program is needed. This project is the foundation of this program.

3. 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.

This project will improve the quality of health care by ensuring the services provided by VVH are offered in a safe and secure environment. By improving the safety of the building, we are decreasing the risk of negative events that could result in poor health outcome for those we serve.

4. The project will not have an undue adverse impact on any other existing services provided by the applicant.

This project will only improve the existing services provided by VVH. The staff and resident will know they are in a safe and secure environment.

5. *REPEALED*

6. The applicant has adequately considered the availability of affordable, accessible transportation services to the facility, if applicable. (Not applicable.)

This project does not rely on or need transportation services to the facility therefore this standard does not apply.

7. **If the application is for the purchase or lease of new Health Care Information Technology, it conforms with the Health Information Technology Plan established under section 9351 of this title.**

This standard is not applicable as the technology associated with this project does not fall into the category of Health Care Information Technology. Automatic locking doors, secure card readers, interior and exterior doors and improved lighting will they be use in this project.

8. **The applicant must show the project will support equal access to appropriate mental health care that meets the Institute of Medicine's triple aims. 18 V.S.A. § 9437(9)**

This standard does not apply to this project as it is not changing access to the care and services proved by VVH.

Section 5: Required Tables

Vermont Veterans' Home Security 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**

<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

PDF and Excel versions of the required tables were sent as an attachment to this application labeled. "CON Tables for Security Project 5.25.2021.pdf" and "CON Tables.xls."

Section 6: Most Recent Audited Financial Statement

Please see attached pdf labeled "Vermont Veterans' Home 2020 FS Final" for the recent audited financial statements for fiscal year ending June 30, 2020.

Section 7: Department of Disabilities, Aging and Independent Living Letter of Recommendation

Please see attached pdf from Department of Disabilities Aging and Independent Living Letter of Recommendation labeled "VVH CON Letter 5-7-21."

Section 8: Freeman French Freeman Security Improvement Project Documents

Please see the pdf attachment labeled "FFF Security Improvement Project Documents."

Section 9: Verification Under Oath

Please see the pdf attachment labeled "Verification Under Oath."