VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
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AGENCY OF HUMAN SERVICES

Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

April 7, 2026

Melissa Jackson, Manager
Vermont Veterans' Home Domiciliary
325 North Street
Bennington, VT 05201

Dear Ms. Jackson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on M**arch 30, 2026.** 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0157	A. BUILDING: _____ B. WING _____	03/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERMONT VETERANS' HOME DOMICILIARY	325 NORTH STREET BENNINGTON, VT 05201

R225 and R366 Accepted 4-6-2026
Susan Gregoire RN

(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) COMPLETE DATE
R100	Initial Comments An unannounced on-site relicensure survey was conducted by the Division of Licensing and Protection on March 30, 2026. The following regulatory violations were identified:	R100		
R225 SS=F	5.12. b (4) Records/Reports The home must keep and maintain the following records: The results of the criminal record and adult abuse registry checks for all staff: This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there is a failure to ensure all background checks were completed as required for one out of five staff. Findings include: The licensee's background check policy aligns with the state licensing rules. On March 30, 2026, documentation of criminal records and abuse registry checks was requested and subsequently reviewed for a sample of five staff members. Per record review, background checks were not completed as required for one out of the five sampled staff. This finding was confirmed by the Manager of the home on the afternoon of March 30, 2026.	R225		
R366 SS=C	6.18 Resident's Rights The enumeration of residents ' rights will not be construed to limit, modify, abridge or reduce in any way any rights that a resident otherwise	R366		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Melissa A. Jackson | TITLE: CEO | (X6) DATE: 04/03/2026

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R366	Continued From page 1 enjoys as a human being or citizen. A copy of the Residents Rights set forth in this section must be written in clear language, large print (font size 18), given to residents on admission, and posted conspicuously in a public place in the home. The home's grievance procedure and directions for contacting the Office of the Long-Term Care Ombudsman and Disability Rights Vermont also must be written in the same font size, provided to each resident, and posted in the same location as the statement of Residents ' Rights. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home's grievance procedure was not posted in any form, as it is required to be displayed in a conspicuous public location, in the same location as the statement of Residents' Rights. Findings include: The licensee's policies and procedures governing the posting of required documents conspicuously in a public area are consistent with the licensing rules. During a facility tour conducted on the morning of March 30, 2026, it was observed that the area of the home where the statement of Residents' Rights was posted did not include a copy of the facility's grievance procedure. This finding of no copy of the grievance policy posted anywhere in the facility was acknowledged by the Manager on the morning of March 30, 2026.	R366		

Deficiency Statement Plan of Correction (POC)

Survey Date: March 30, 2026

Facility Name: Vermont Veteran's Home

Deficiency Tag	How the deficiency was corrected	How other potential residents identified, and corrective action taken	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R225	Employee background checks were audited to identify all employees with past due background checks.	All employees with past due background checks were notified on 4/1/2026 that they must complete their background checks by 4/10/2026	4/1/2026	Monthly audits of background checks will take place to ensure all employees are up to date with their background checks. If employees are identified as being delinquent in this task they will be provided with a written reminder.	The House Manager or designee. R225 Accepted 4-6-2026 Susan Gregoire RN
R366	The grievance procedure was posted in a public area on March 30, 2026.	The Home reviewed the regulations to ensure all required postings are present within the Home.	4/1/2026	Random audits of required posting will take place at least quarterly any missing postings will be replaced.	The House Manager or designee R366 Accepted 4-6-2026 Susan Gregoire RN