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

June 16, 2026

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

Provider ID #: 475032

RE: Complaint Survey Findings - Past Non-Compliance

Dear Ms. Jackson:

On **June 9, 2026**, the Division of Licensing and Protection, completed a complaint investigation at Vermont Veterans' Home. As a result of that survey, the Division determined that at a point in time prior to the date of our visit you were not in substantial compliance with the federal regulations applicable to long-term care facilities.

Statement of Deficiencies Form CMS 2567

Enclosed is a statement of deficiency generated as a result of the survey. All references to regulatory requirements in the enclosure and in this letter are found in Title 42, Code of Federal Regulations. As the cited deficiency was corrected at the time of our visit, no plan of correction is required. Please **sign page 1 and return a signed copy of the 2567 to this office.**

Informal Dispute Resolution (IDR) Opportunity

In accordance with 42 CFR §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, including an explanation of why you are disputing those deficiencies, to Pamela Cota, RN, at the Division of Licensing and Protection. Contact information is listed below. Please include if you would prefer a virtual meeting or prefer to submit information in writing for review. This request must be sent during the same ten days you have for submitting your plan of correction. You must still submit a plan of correction for all deficiencies, including those you are disputing, by the due date. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. Please note that the following are not allowable disputes in the IDR process: scope and severity of deficiencies, unless they are immediate jeopardy level or constitute substandard quality of care; remedies imposed by CMS; survey process or inconsistency issues; or concerns about the IDR process.

A facility cannot use the IDR process to claim past noncompliance.

Email (preferred): Pamela.Cota@vermont.gov

Mailing address: Division of Licensing and Protection, attn Pamela Cota
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
Phone: (802) 241-0480

Sincerely,



Pamela M. Cota, RN, BS
Assistant Division Director
State Survey Agency Director

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475032	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vermont Veterans' Home	**325 North Street , Bennington, Vermont, 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
F0000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite investigation of three facility reported incidents, including reports 2635433, 2636049, and 2611980 on 6/9/26 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory deficiency was identified:	F0000		
F0602 SS = E	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to ensure two of three sampled residents (Resident #1 and Resident #2) remained free from misappropriation of property. Findings include: #1 Per record review, Resident #1 has diagnoses that include Parkinson's Disease, PTSD (post-traumatic stress disorder), dementia, schizoaffective disorder bipolar type, and psychotic delusions. Per an MDS (Minimum Data Set, a resident assessment tool) dated 10/2/25, Resident #1 had a BIMS (Brief Interview for Mental Status) score of 15, indicating fully intact cognition (the ability to perceive, learn, remember, reason, and problem-solve). Per review of the facility investigation, Resident #1 told the LCSW (Licensed Clinical Social Worker) that he had been giving LPN #1 money. S/he reported	F0602	"Past Noncompliance - no plan of correction required"	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Melissa A. Jackson	CEO	06/17/2026

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F0602 SS = E	Continued from page 1 that LPN #1 asked for it for gas and cigarettes. LPN #1 did not repay the money. Per review of the police report, Resident #1 he had given LPN #1 money for gas and cigarettes when she didn't have money. S/he could not recall how much, but that it was approximately $30 on several different occasions. The police made contact with LPN #1 on 10/6/25 at 12:40 PM. LPN #1 stated that she accepted money from Resident #1, 4 to 5 times, in amounts ranging from $20 to $60 and stated that she knew she was not supposed to accept money from residents. LPN #1 has been charged with two counts of Financial Exploitation of an Older Adult. Per record review, Resident #1 has a care plan focus dated 6/5/26 which states, "On 10/6/25, [Resident #1] disclosed that a staff member had asked for money from [her/him] and [s/he] gave money to this person. Immediate report made to APS, L&P and Bennington PD concerning financial exploitation." This care plan focus goes on to say that Resident #1 has been referencing this situation more frequently as the staff person in question has a relative who recently came back to work there and states that LPN #1 still has not apologized to him. The facility follow-up investigation report to Survey & Certification states that [Resident #1] is depressed, anxious and sometimes angry in regard to LPN #1's actions. Per record review of the facility investigation follow-up report submitted to Survey & Certification, the facility verified misappropriation of funds from Resident #1 by LPN #1. Per interview with the Administrator on 6/9/26 at 11:40 AM, she confirmed that the facility had verified misappropriation of funds from Resident #1 by LPN #1. The Facility Employee Handbook policy on gratuities states that "Employees are not to accept or solicit gratuities from Residents, their families, or friends." #2 Per record review, Resident #2 has an MDS (Minimum Data Set, a resident assessment tool) dated 9/10/25, which lists a BIMS (Brief Interview for Mental Status) score of 15, indicating fully intact cognition (the ability to perceive, learn, remember, reason, and problem-solve).	F0602		

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F0602 SS = E	Continued from page 2 Per facility investigation, Resident #2 said s/he gave LPN #1 $150 approximately 6 weeks ago to purchase cigarettes and stated s/he was "heartbroken over the situation." Per the police report, the investigating officer was approached by Resident #2 after he had interviewed Resident #1. Resident #2 stated s/he had given LPN #1 $110 in cash 6 weeks ago to purchase cigarettes for her/him and stated that LPN #1 had not made any attempt to pay her/him back or given her/him any cigarettes. LPN #1 confirmed that Resident #2 had given her $110 for cigarettes approximately 6 weeks prior and that she had not purchase her/him cigarettes or returned the money. Per record review of the facility investigation follow-up report submitted to Survey & Certification, the facility verified misappropriation of funds from Resident #2 by LPN #1. Per interview with the Administrator on 6/9/26 at 11:40 AM, she confirmed that the facility had verified misappropriation of funds from Resident #2 by LPN #1. The Facility Employee Handbook policy on gratuities states that "Employees are not to accept or solicit gratuities from Residents, their families, or friends." Based on corrective actions completed prior to the onsite survey, this citation is designated as past non-compliance. The following actions were completed by the facility: Following an investigation, LPN #1 no longer works at the facility. The facility has obtained a no trespassing against LPN #1 to prevent her from coming on their grounds. Alert and oriented residents on the affected units were interviewed after the incident and there were no additional findings. The facility updated their resident trust policy and their policy on staff accepting gifts or gratuities. Facility staff have been educated on the new policies. Residents have been educated via resident council and individually about what to do if staff asked for	F0602		

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F0602 SS = E	Continued from page 3 money as well as information placed in their newsletter about what to do if asked about a gift. Resident trust accounts are monitored for large withdrawals and any outliers are investigated, and more specific documentation is required for resident purchases. The administrator audits this process. The facility's corrective actions were completed on 11/5/25.	F0602		