

Division of Licensing and Protection  
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Waterbury, VT 05671-2060  
<http://www.dail.vermont.gov>  
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

August 24, 2021

Mr. Brian Labelle, Administrator  
Union House Nursing Home  
3086 Glover Street  
Glover, VT 05839-9701

Dear Mr. Labelle:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 5, 2021**. 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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475036</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/05/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>UNION HOUSE NURSING HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3086 GLOVER STREET GLOVER, VT 05839</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) COMPLETE DATE
S262 SS=D	<p><b>3.17 (d)(1-3) FREEDOM FROM RESTRAINTS AND ABUSE</b></p> <p>3.17 (d.1) The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>3.17 (d.2) The facility must not use verbal, mental, sexual or physical abuse, corporal punishment, or involuntary seclusion.</p> <p>3.17 (d.3) A nursing home shall not employ individuals who have been:</p> <p>i. found guilty of abusing, neglecting, exploiting or mistreating residents by a court of law; or</p> <p>ii. have had a finding entered into the Vermont Nurse Aide Registry or the Vermont Adult Abuse Registry concerning abuse, neglect, exploitation or mistreatment of residents or misappropriation of their property.</p> <p>This REQUIREMENT is not met as evidenced by: Per review of personnel records on 7/27/2021, the facility failed to complete a required check of the Vermont Adult Abuse Registry for 2 of 5 employees (#1 &amp; #2). In the personnel files that the facility provided there was evidence of a Vermont Criminal Information Center (VCIC) background for both employees but nothing further. During an interview with the Business Office Manager on 7/27/2021 at approximate 2:00 PM s/he reported that these 2 employees are actually contract staff and s/he assumed that the company that they were hired through had completed the required registry checks and confirmed that there is no evidence to indicate the Adult Abuse Registry check had been completed</p>	S262	<p>S 262</p> <ol style="list-style-type: none"> <li>1. No residents were negatively affected by the alleged deficient practice.</li> <li>2. Residents residing in the facility have the potential to be affected by the alleged deficient practice.</li> <li>3. The identified employees have had background checks conducted and there were no findings.</li> <li>4. An audit was completed to ensure any employee, contracted employees, and volunteers that interact with residents have had background checks conducted.</li> <li>5. The facility revised the process for conducting background checks in house instead of reliance on contracted companies.</li> <li>6. The facility staff responsible for running and monitoring background check compliance is aware of the revised process.</li> <li>7. An audit will be completed by the administrator or designee as needed with new employees/contract staff/volunteers coming into the facility to monitor compliance and effectiveness of the plan.</li> </ol>	

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]* LNHA

ADMINISTRATOR 08/12/2021

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475036</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>08/05/2021</b>
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S262	<p>Continued From page 1 for these 2 employees.</p> <p>In further confirmation by a phone interview with the Administrator of the facility on 8/5/2021 at 1:15PM, s/he confirmed that the contract company was unable to provide the requested information and the facility has already instituted a new policy to start running all background and Adult Abuse Registry checks in house.</p>	S262	<p>8. The results of the audits will be reported to the QAA committee x3 months at which time the committee will determine further frequency of the audits.</p> <p>9. Date of compliance will be August 21, 2021.</p> <p><b>TAG S 262 POC Accepted on 8/23/21 by L. Lovett/P.Cota</b></p>	
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