

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection HC 2 South, 280 State Drive Waterbury VT 05671-2060 <u>http://www.dail.vermont.gov</u> 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

September 28, 2021

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

Provider ID #: 475036

Dear Mr. Labelle:

The Division of Fire Safety completed an inspection at your facility on **September 2, 2021**. The purpose of the inspection was to determine if your facility was in compliance with Federal Life Safety Code requirements for nursing homes participating in the Medicare and Medicaid programs. This survey found that your facility was in substantial compliance with the Life Safety Code requirements. However, there is one deficiency that does not require a plan of correction but does require a commitment to correct. Please **sign the enclosed CMS-2567** and return the original to this office by **October 7, 2021**.

Informal Dispute Resolution

In accordance with §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, and an explanation of why you are disputing those deficiencies, to Suzanne Leavitt, RN, MS, Assistant Division Director, Division of Licensing and Protection. This request must be sent during the same ten days you have for returning the enclosed CMS-2567 statement of deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Sincerely,

Jamela McotaRN

Pamela Cota, RN Licensing Chief

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICA

STATEMENT OF	ISOLATED DEFICIENCIES WHICH CAUSE	DROUTER		AH A'' FORM
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM		PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY
FOR SNFs AND	NFs		A. BUILDING: 01	COMPLETE:
		475036	B. WING	9/2/2021
NAME OF PROV	IDER OR SUPPLIER	STREET ADDRESS, C	ITY, STATE, ZIP CODE	
UNION HOUSE NURSING HOME		3086 GLOVER STREET GLOVER, VT		
ID PREFIX				
TAG	SUMMARY STATEMENT OF DEFICIENCIE	8		
K 712	Fire Drills CFR(s): NFPA 101			
	CPR(5): NFPA 101 Fire Drills Fire drills include the transmission of a fire drills are held at expected and unexpected ti The staff is familiar with procedures and is a conducted between 9:00 PM and 6:00 AM, a 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidence Per log review on September 2, 2021, the factor shift. Findings include the following: Per log review on September 2, 2021, and ac fire drills were not conducted on any shift for and March 2021.	A coded announcement a coded announcement ced by: bility failed to ensure the companied by the Dir the months of Decent	nditions, at least quarterly on each shift. art of established routine. Where drills are it may be used instead of audible alarms. fire drills are held at least quarterly on each rector of Maintenance, inspection revealed nber 2020, January 2021, February 2021	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of

The above isolated deficiencies pose no actual harm to the residents