VERMONT

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
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

November 10, 2022

Mr. Chad Dingman, Administrator
Union House Nursing Home
3086 Glover Street
Glover, VT 05839-9701

Dear Mr. Dingman:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on October 5, 2022. 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

Pamela M. Cota, RN
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475036	A. BUILDING _____ B. WING _____	C 10/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNION HOUSE NURSING HOME	3086 GLOVER STREET GLOVER, VT 05839

(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
E 000	Initial Comments A review of the facility's Emergency Preparedness Plan was conducted in conjunction with the annual recertification survey from October 3, 2022 to October 5, 2022 . There were no regulatory deficiencies as a result of the review.	E 000		
F 000	INITIAL COMMENTS An unannounced onsite recertification survey and staff vaccination requirement review was conducted by the Division of Licensing and Protection from October 3, 2022 to October 5, 2022. The following regulatory violations were identified:	F 000	Tag F584 POC accepted on 11/10/2022 by H.Fox/P.Cota	
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.	F 584	F584 1. No residents were negatively affected as a result of the alleged deficient practice. 2. Residents residing in the facility have the potential to be affected by the alleged deficient practice. 3. The identified areas in room 10 will be repaired. 4. The identified handrail with peeling paint and splintering wood will be repaired.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE

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 correction is requisite to continued program participation.

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F 584	Continued From page 1 §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the facility failed to ensure residents have a safe, clean, comfortable and homelike environment. Findings include: The following observations were made on the second floor unit during the annual recertification survey: 1. In room 10, there was missing molding over bed C with exposed broken hard plastic pieces. These plastic pieces were near the head of the resident's bed. Additionally, there is a large section of missing wallpaper over bed B. 2. There is a wooden handrail with peeling paint	F 584	5. The areas of concern identified in room 7 will be repaired. 6. Facility administration and maintenance staff are aware of the requirement for a safe, clean, comfortable, and homelike environment. 7. Staff will receive in-servicing regarding steps to follow when areas of environmental concern are identified. 8. The administrator or designee will complete an initial audit of other areas of the facility to identify any other potential deficient areas and plan to repair as needed. 9. The maintenance director or designee will conduct environmental audits weekly x3 months to ensure areas requiring attention are identified and a plan in place to repair as needed. 10. 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. 11. Date of corrective action 11/19/2022.	

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F 584	Continued From page 2 and splintering wood in the hallway. 3. In room 7, there are holes in the tile wall in the bathroom next to the toilet. Additionally, the metal baseboard heater cover is peeled back and partially missing. There is a large section of wallpaper that is missing. On 10/4/22 at 2:50 PM, the Maintenance Director stated that h/she is unaware of the baseboard and tile issues as noted above. H/she is aware of peeling/missing wallpaper in resident rooms. On 10/04/22 at 03:00 PM, the Director of Clinical Services stated that it is his/her expectation that all needed resident area repairs are done as soon as possible.	F 584	**Tag F759 POC accepted on 11/10/2022 by H.Fox/P.Cata**	
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that its medication error rate was no greater than 5% during a medication administration observation, with the errors identified for Resident #2. The total error rate for all observations was calculated at 7.41%. The findings include the following: 1. During a medication pass administration observation on 10/4/22 at 8:20 AM with a Registered Nurse (RN), s/he was observed to administer (7) seven oral medications and (1)	F 759	F759 1. Resident #2 had no negative effect related to the alleged deficient practice. 2. Residents requiring medication have the potential to be affected by the alleged deficient practice. 3. Education will be provided to licensed nurses regarding the 5 rights of medication administration and include necessity for mouth rinses after applicable inhaler use.	

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F 759	Continued From page 3 one inhaled medication to resident #2. Nurse surveyor reconciled the Medication Administration Record (MAR) with the physicans orders and identified that the Advair Inhaler was ordered to be followed with a mouth rinse. It was identified that the Advair inhaler was administered without the mouth rinse. At 10/04/22 at 9:15 AM the RN confirmed that the mouth rinse should have been administered. 2. During the same medication pass, the RN administered Senna 8.6mg, a laxitive, by mouth to resident number #2. Nurse Surveyor reconciled the MAR with the physican's orders. It was identified during reconciliation that the physician order instructed to a give stool sofener with laxative. The RN failed to give the correct ordered medication. 10/04/22 at 9:15 the RN confirmed that the medication administered was the incorrect medication.	F 759	4. Medication pass observations will be conducted weekly x4 weeks and then bi-weekly x 3 months to monitor effectiveness of the plan. 5. 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. 6. Corrective action will be completed by 11/19/2022 **Tag F761 POC accepted on 11/10/2022 by H.Fox/P.Cota**	
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	F 761 F761	1. No residents were negatively affected by the alleged deficient practice. 2. Residents residing in spaces that store medications and biologicals have the potential to be affected by the alleged deficient practice. 3. Education will be provided to licensed nurses regarding the requirement for security of medication storage.	

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F 761	Continued From page 4 §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the facility failed to store all drugs and biologicals in locked compartments. Findings include: Per observation of the second floor treatment cart on 10/3/22 at 12:07 PM and 10/5/22 at 8:35 AM, staff left the treatment cart unlocked. The unit is primarily a dementia unit and multiple residents were observed wandering in the hallway past the cart. The cart contained the following medications: Betamethasone 0.05% ointment; Lotrimin spray; Hemorrhoid ointment; Saniclean wipes; Nystatin powder; Hydrogen peroxide 3%; Dermal wound cleanser solution and Mupirocin 2% ointment. The above was confirmed by the Unit Nurse at the time of both observations.	F 761	4. Audits will be conducted weekly by the Director of Nurses or designee x3 months to monitor effectiveness of the plan. 5. 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. 6. Corrective action will be completed by 11/19/2022	
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable	F 880	**Tag F880 POC accepted on 11/10/2022 by H.Fox/P.Cota** F880 1. Resident #10 had no negative affect related to the alleged deficient practice.	

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F 880	Continued From page 5 diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under	F 880	2. Residents requiring medication have the potential to be affected by the alleged deficient practice. 3. The identified fan has been cleaned. 4. Education will be provided to licensed nurses regarding the appropriate action to take in the event of a dropped medication to include narcotic medication. 5. Per the required directed plan of correction, all staff involved in maintaining a clean environment and all staff involved in medication administration will receive training in proper infection control practices to include cleaning equipment that could contaminate resident medications and include handling of medications to ensure no additional risk of contamination while dispensing to residents. Education will include rationale and the importance of being diligent with infection prevention and control strategies. 6. Also per the required directed plan of correction a root cause analysis will be conducted for the identified concerns related to infection prevention and control.	

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F 880	Continued From page 6 the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Findings include: 1. Per observation on 10/04/22 at 11:35 AM, a small fan attached to the upstairs med cart is heavily soiled with loose dust particles. The fan is operating and blows directly over the top of the med cart where medications are poured. The observation was confirmed by the Director of Nurses at time of the observation.	F 880	7. Observation audits will be conducted weekly by the Director of Nursing, IP, or designee to monitor effectiveness of the plan. 8. 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. 9. Corrective action will be completed by 11/19/2022.	

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F 880	Continued From page 7 2. During a medication pass administration observation on 10/4/22 at 8:20 AM with a Registered Nurse (RN). S/he was observed to dispense a medication identified as Pregabalin (Lyrica), a medication prescribed to treat pain caused by nerve damage. This medication is a narcotic and must be stored behind double locks. When the RN dispensed the medication, it fell to the floor. The RN picked the medication up off the floor with a tissue, rolled the medication around in the tissue and placed the medication into a medication cup and administered it to Resident #10, with his other medications. The RN should have destroyed the medication witnessed by another licensed nurse and dispensed a new pill as the pill was considered dirty from falling to the floor. 10/04/22 at 9:15 AM the RN confirmed that she should have wasted the medication and dispensed a new one.	F 880		