



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

January 31, 2023

Mr. Mark Tapper, Administrator
Union House Nursing Home
3086 Glover Street
Glover, VT 05839-9701

Dear Mr. Tapper:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on January 10, 2023. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/24/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/10/2023
NAME OF PROVIDER OR SUPPLIER UNION HOUSE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 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
F 000	INITIAL COMMENTS	F 000		
F 600 SS=G	<p>The Division of Licensing and Protection conducted an unannounced onsite investigation of a facility self-report on 1/10/23. A regulatory violation was cited as a result.</p> <p>Free from Abuse and Neglect CFR(s): 483.12(a)(1)</p> <p>§483.12 Freedom from Abuse, Neglect, and Exploitation 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.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure 1 applicable resident (Resident # 1) was free from physical abuse. Findings include:</p> <p>On 1/3/23, Resident # 1 initiated a physical altercation with Resident # 2, causing physical harm. Residents # 1 and 2 are roommates. Previously, on 9/10/22, an altercation occurred between Residents # 1 and 2. A 9/10/22 nurses note stated that Resident # 1 had hit, punched and kicked Resident # 2. The Residents continued to</p>	F 600	<p>F 600</p> <ol style="list-style-type: none"> 1. Resident #2's minor injuries resolved without complications and the resident remains psychosocially stable with no deviation from normal routine. 2. Resident #1 has had no further episodes of physical aggression and is in a room by themselves pending psychiatric evaluation and treatment. 3. Abuse training is up to date in the facility and staff demonstrated compliance with training at the time of the event. 4. Further in-services will be done with staff regarding identifying potential precursors to physical violence within the resident population. 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

M. M. —, RN

TITLE

Administrative

(X6) DATE

1/30/2023

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 600	Continued From page 1 live in the same room until 1/3/23. On 1/3/23, Resident # 1 was found by staff standing over Resident # 2's bed after staff heard screaming from the room. A nurses note dated 1/3/23 stated that Resident # 2 "appeared to have a scratch on the left side of his face, above his lip that was bleeding and there was also red markings on the resident's neck". Resident #2 stated that Resident # 1 was "hitting him in the face" . On 1/4/23, Resident # 2 decided to press charges on Resident # 1 regarding the altercation that took place on 01/03/2023. Resident # 1 was issued a citation for simple assault by Vermont State Police on that date. The above was confirmed by the Director of Clinical Services on 1/10/23 at 11:27 AM.	F 600	5. Observation audits and staff interviews will be completed to monitor effectiveness of the plan weekly x4 weeks and monthly thereafter x 3 months. 6. The results of the observations and interviews will be reported to the QAA committee x3 months at which time the committee will determine further frequency of the observations and interviews. 7. Corrective action will be completed by 2/10/2023. Tag F 600 POC Accepted 1/31/2023 by R. Tremblay/P. Cota		