



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

February 23, 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 **February 8, 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: 02/15/2023
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 02/08/2023
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NAME OF PROVIDER OR SUPPLIER UNION HOUSE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3086 GLOVER STREET GLOVER, VT 05839
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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) COMPLETION DATE
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F 000	INITIAL COMMENTS	F 000		
F 609 SS=D	<p>The Division of Licensing and Protection conducted an unannounced onsite investigation of 2 complaints on 02/07-08/2023. The following regulatory violation was identified:</p> <p>Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p>	F 609 F 609	<ol style="list-style-type: none"> 1. Resident #2 had no negative effect as a result of the alleged deficient practice. 2. Residents that are the subject of reported allegations have the potential to be affected by the alleged deficient practice. 3. Facility administration is aware of the requirements to report allegations of abuse. 4. An audit of allegations of abuse will be done as needed with allegations made and documented on a tracking tool. 5. Corrective action will be completed by 2/24/2023. <p>Tag F 609 POC accepted on 2/23/23 by L. Lovell/P. Cota</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 2/22/2023
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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 609	<p>Continued From page 1</p> <p>Based on staff interview and record review, the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment were reported to the State Agency as required for 1 applicable resident (Resident #2). Findings include:</p> <p>Per record review, facility documentation and staff interviews, a Licensed Practical Nurse (LPN) was accused of restraining a resident to a chair using a bedsheet on 1/24/2023. The facility conducted an investigation that included speaking with witnesses and the accused but was unable to substantiate the allegation, but the LPN was terminated anyway. The facility failed to make a report to the State Agency or Adult Protective Services (APS) as required, and there is no record of a notification being made to the resident's legal guardian and/or representative.</p> <p>Per an interview on 2/7/2023 at approximately 12:38pm with the Acting Director of Nursing confirmed that s/he did not make a report because s/he was unable to substantiate the allegation.</p>	F 609		