



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

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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

May 4, 2023

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 investigation survey conducted on **April 24, 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: 05/01/2023  
FORM APPROVED  
OMB NO. 0938-0391

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>04/24/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNION HOUSE NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3086 GLOVER STREET</b> <b>GLOVER, VT 05839</b>	
(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=E	<p>The Division of Licensing and Protection conducted an onsite, unannounced investigation of 2 facility reported incidents on 4/24/2023. The following regulatory deficiency was identified:</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 each resident was free from neglect related to medication administration for 10 applicable residents (Residents #1-10). Findings include:</p> <p>Per review of the facility's investigation report for a facility reported event, and confirmed by interview on 4/24/2023 at 11:49 AM, Licensed Practical Nurse (LPN) #1 reports that many medications on the upstairs unit had not been removed from their cycle fill cards [medication cards delivered on a routine cycle] over the</p>	F 600	<ol style="list-style-type: none"> <li>1. No residents were negatively affected as a result of the alleged deficient practice.</li> <li>2. Residents requiring medication administration from staff have the potential to be affected by the alleged deficient practice.</li> <li>3. The LPN identified no longer works at the facility.</li> <li>4. Other licensed nurses in the facility have received re-education and competencies for medication administration.</li> <li>5. The Director of Nursing or designee will complete twice weekly audits x1 month and then weekly audits to ensure medications are administered to residents as ordered.</li> <li>6. 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.</li> <li>7. Corrective action will be completed by 5/5/2023</li> </ol>	

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

TITLE

(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 600	<p>Continued From page 1</p> <p>weekend. S/He explained that the facility has routine medications delivered on a monthly cycle and all new medications cards were changed over on 4/7/2023. On 4/10/2023, LPN #1 came in for their shift after being off for 4/8/2023 and 4/9/2023 and discovered that the expected number of pills had not been removed from the medication cards over the weekend for many medication cards. This concern was reported to facility leadership immediately.</p> <p>The facility investigation reveals LPN #2, who had previously been investigated by the facility in February 2023 for unsubstantiated allegations of neglect related to medication administration, was the day shift nurse for the second-floor unit on 4/8/2023 and 4/9/2023. Medication administration records (MAR) and medication cards were reviewed for all second-floor residents by the Assistant Director of Nursing (ADON). This audit revealed the following medications were not administered to Residents #1-10 sometime between 4/8/23 and 4/9/23, serving as evidence of neglect:</p> <p>Resident #1: Spironolactone, Montelukast, and Depakote Resident #2: Letrozole and Metoprolol Resident #3: Lisinopril, Famotidine, and Levothyroxine Resident #4: Isosorbide, Aricept, Lisinopril, Metoprolol Resident #5: Glipizide, Quetiapine, Prednisone, Amlodipine, Metoprolol Resident #6: Quetiapine Resident #7: Baclofen, Quetiapine, Trazodone Resident #8 Benzotropine, Latuda, Carafate, Risperidone Resident #9: Sertraline Resident #10: Lisinopril and Folic Acid</p>	F 600	<b>Tag F 600 POC accepted on 5/3/23 by S. Stem/P. Cota</b>	

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F 600	Continued From page 2  On 4/24/2023 at 11:24 AM, the ADON explained that, per physician's orders and the MAR, the above medications were to be administered during the day shift and were documented as administered by LPN #2 on 4/8/23 and 4/9/2023. S/He confirmed that the audit revealed that the above medications were not administered to Residents #1-#10, even though they were signed off as administered.	F 600			