



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

September 5, 2023

Ms. Amy Braun, Administrator
Union House Nursing Home
3086 Glover Street
Glover, VT 05839-9701

Dear Ms. Braun:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **August 9, 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

Enclosure

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

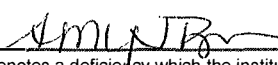
PRINTED: 08/22/2023
FORM APPROVED
OMB NO. 0938-0391

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 08/09/2023
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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 697 SS=D	<p>The Division of Licensing and Protection conducted an unannounced onsite investigation of 2 facility reported incidents (FRI's) intake numbers #22074 and #22099 on 08/09/2023 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory violation was identified as a result:</p> <p>Pain Management CFR(s): 483.25(k)</p> <p>§483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide pain medication and/or non-pharmacological interventions for 1 of 3 residents in the applicable sample (Resident #1). Findings include:</p> <p>Per record review, Resident #1 was admitted to the facility on 4/11/23 for palliative and end-of-life care related to metastatic breast cancer and pneumonia. S/he died on the morning of 4/14/23. A review of the physician's orders reveals an order for Morphine 0.2 ml (milliliters) to be given intramuscularly every two hours as needed for pain. A physician's order dated 4/11/23 indicates a pain screen was to be performed every shift. Per review of a pain screen from 4/14/23 at 6:33 AM, it showed that the resident's pain was assessed and medication was given accordingly.</p>	F 697	<ol style="list-style-type: none"> 1. Resident #1 no longer resides in the facility. 2. Residents experiencing pain and requiring pain management have the potential to be affected by the alleged deficient practice. 3. Education will be provided to staff regarding the protocol for pain management to meet the needs of affected residents. 4. The Director of Nursing or designee will conduct audits weekly for 3 months to monitor effectiveness of the plan. 5. Results of the audits will be reported to the QAA committee and the committee will determine further frequency of the audits. 6. Corrective action will be completed by September 1, 2023. <p>Tag F 697 POC accepted on 9/4/23 by L. Lovell/P. Cota</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 8/29/23
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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 697	<p>Continued From page 1</p> <p>Upon further review of the the Medication Administration Record (MAR) and nursing documentation there was no evidence that pain medication was administered to Resident #1.</p> <p>Per review of the facility's internal investigation, a statement provided by a Licensed Practical Nurse (LPN) reflects that on 4/14/23, the LPN was met at the door by two Licensed Nursing Aides (LNA) who had worked the night before. The LNAs reported concerns regarding the lack of attention and pain medication provided to Resident #1. The LPN states that S/he assessed Resident #1 and found him/her moaning with harsh labored breathing. The LPN reviewed the MAR to determine when Resident #1 was last medicated. There were no entries documented in the MAR and no evidence that Resident #1 had received any medication during the hours of 11:00 PM to 7:00 AM. Written statements provided by the two LNAs who had reported the incident indicate that during the 11:00 PM to 7:00 AM shift on 4/13/23, they heard Resident #1 moaning, and upon checking on him/her, they noted a painful expression on his/her face. The LNAs requested that the night nurse administer pain medication to Resident #1 several times during the shift.</p> <p>During the interview on 8/9/23 at 12:45 PM, the Licensed Practical Nurse (LPN) confirmed that on the morning of 4/14/23, S/he had assessed Resident #1 and found her/him moaning with harsh labored breathing. Upon review of the MAR, S/he discovered that the nurse who worked on the 11:00 PM to 7:00 AM shift had not administered pain medications to Resident #1.</p> <p>During the interview on 8/9/23 at 12:30 PM, the Director of Nursing (DON) confirmed that there is</p>	F 697		
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F 697	Continued From page 2 no evidence in the medical record that Resident #1 received pain medication or any interventions consistent with palliative care to manage her/his symptoms between 11:00 PM to 7:00 AM.	F 697		