



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

June 20, 2024

Mr. Shawn Hallisey, Administrator
Union House Nursing Home
3086 Glover Street
Glover, VT 05839-9701

Dear Mr. Hallisey:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **May 15, 2024**. 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
Licensing Chief

Enclosure

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

PRINTED: 06/04/2024
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 05/15/2024
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 550 SS=C	<p>The Division of Licensing and Protection conducted an unannounced, on-site investigation of complaints #22796 & 23015 on 5/15/2024, to determine if the facility was in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. There were no regulatory violations identified as a result of these complaints but an additional violation was identified.</p> <p>Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen</p>	F 550	<p>F550</p> <ol style="list-style-type: none"> No residents have had a negative effect related to the alleged deficient practice and there have been no concerns voiced by either residents or families regarding access to or from the facility. Residents residing in the facility that have the physical and cognitive ability to exit the building have the potential to be affected by the alleged deficient practice. Facility administration has participated in resident council and inquired about the resident wishes regarding the locking of the doors to the facility. Residents that wish to have the code to the doors to exit and enter independently have been evaluated for physical and cognitive capability and safety risks and provided the code as appropriate. 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Sharon T. Hallisey* TITLE: *Administrator* (X6) DATE: *6/12/24*

A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that all 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 550	<p>Continued From page 1 or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure each resident has a right to self-determination and access to persons and services outside of the facility by locking all doors to the facility 24 hours a day, seven days a week. By creating a locked facility, there is a failure to ensure the right of each resident to exercise their rights as a citizen (or resident) of the United States or make personal choices about going outside without interference. This can potentially affect all residents of the facility and all visitors, including family, legal representatives, and advocates.</p> <p>During an observation on 5/15/24 at 9:20 AM, this surveyor encountered a barrier to entry. The front door to the facility was locked. The only way to gain access was to press a doorbell, which alerted the staff. A staff member then had to come and physically open the door. The staff member explained that to exit the facility, a staff member would have to access a keypad on the side of the door and enter a code to open the door</p>	F 550	<ol style="list-style-type: none"> 5. Resident family members that wish to enter and exit the building independently have been offered the code to the doors. 6. A policy has been written to address the process for providing the code to the doors and the locking of the doors. 7. The policy has been added to the admission agreement for new residents admitted to the facility. 8. Corrective action to be completed by 6/15/2024. <p><i>6/15/24</i></p> <p>9. I have made contact with the code system vendor. A timer will be installed on the front door. This timer will allow the door to be unlocked for a set period of time during the day. For now 8AM to 8PM</p> <p>10. Completion date two weeks, 7/5/24</p>	

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F 550	Continued From page 2 Per observation on 5/15/24 at 9:40 AM, another entrance to the facility is located on a wing that houses resident rooms and egresses out to a porch. This door is locked with a keypad panel on the side and requires a code to open it. Per interview on 5/15/24 at 10:00 AM, the Director of Nursing (DON) stated that only employees can have the codes to open the outside doors; residents may not have access to this code. Per interview on 5/15/2024 at approximately 10:15 AM, the Administrator and the DON stated that the doors "are always locked and have been since they can remember." Per the Administrator, the facility has alert and independent residents in their population. The Administrator could not locate a policy or procedure for the doors being locked or operating a completely locked facility. The DON stated that "only employees know the code." When asked if there is a process for assessing residents and ensuring those without safety risks can exit the building independently, the DON stated, "We had an issue recently; therefore, residents may not have the code." The DON confirmed that residents cannot exit the building anytime without staff assistance. Per interview, on 5/15/2024 at approximately 12:30 PM, Resident # 1 has resided at the facility since 2014 S/he states that s/he frequently uses the porch outside the locked entrance on the side of the facility. S/he often leaves the facility for outside interests. In the past, s/he was allowed to have the code to the locked doors to exit the facility independently. Recently, the combination was changed, and s/he was told that only the staff would be allowed to have the code. "It's not as	F 550	Tag F 550 POC accepted on 6/20/24 by D. Hoffman/P. Cota		

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F 550	<p>Continued From page 3</p> <p>easy to come and go; I have to call the staff to let me out and then ring the bell to be let back in."</p> <p>Per interview on 5/15/24 at approximately 12:40, Resident #2 has resided at the facility for the past two years, s/he states s/he enjoys the chairs outside and frequently exits the building to sit in them. S/he states a staff member must access the code on the door to open the door and let him/her out. S/he must ring a bell outside the door and wait for a staff member to open it. S/he does not have access to the door code. "I have had to ask the staff for assistance to go out since I have been here."</p> <p>Per an interview at approximately 2:00 PM, the DON confirmed that only the staff were given the code to open the exterior doors; s/he confirmed that s/he could not locate a policy or procedure addressing the locked facility.</p>	F 550			