



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 7, 2023

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

Provider #: 475036

Dear Mr. Tapper:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **October 4, 2022**. Please post this document in a prominent place in your facility.

We will 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

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 475036	MULTIPLE CONSTRUCTION A. BUILDING: 01 - 01 BUILDING B. WING _____	DATE SURVEY COMPLETE: 10/4/2022
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NAME OF PROVIDER OR SUPPLIER UNION HOUSE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3086 GLOVER STREET GLOVER, VT
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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K 741	<p>Smoking Regulations CFR(s): NFPA 101</p> <p>Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4</p> <p>This REQUIREMENT is not met as evidenced by: Survey activities, including a walk-through with the Maintenance Director on October 4, 2022, at 9:30 am, showed the facility failed to have "no smoking" signs posted at the entrance. Findings include the following:</p> <p>Per observation on October 4, 2022, and accompanied by the Maintenance Director, inspection revealed that there were no "no smoking" signs present at the facility.</p> <p style="text-align: right;">K741 accepted 2/3/23 M. Steele/TW</p> <ol style="list-style-type: none"> 1. No residents were harmed by the alleged deficient practice, but there was a potential for harm to residents. 2. A self-closing, fire-proof container has been purchased for the resident smoking area. 3. No smoking signs were added at the entrance and beside the oxygen cabinet. 4. Corrective action will be complete by 2/5/2023.
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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

The above isolated deficiencies pose no actual harm to the residents

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

PRINTED: 01/30/2023
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 01 - 01 BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2022
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
K 000	INITIAL COMMENTS	K 000		
K 223 SS=D	<p>Doors with Self-Closing Devices CFR(s): NFPA 101</p> <p>Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Survey activities, including a walk-through with the Maintenance Director on October 4, 2022, at 9:30 am, showed the facility failed to ensure that doors in hazardous areas enclosure are self-closing and kept in the closed position unless held open by a release device complying with 7.2.1.8.2 that automatically close all such doors throughout the smoke compartment or entire facility. Findings include the following: Per observation on October 4, 2022, and</p>	K 223	<ol style="list-style-type: none"> No residents were harmed by the alleged deficient practice, but there was potential harm to residents from the alleged deficiency. Subsequent to the survey on October 4, 2022, kitchen staff attended in-service training on the need for closing and locking the existing sliding doors in the event of a fire. Several drills have been held to test the effectiveness of kitchen staff training and all successfully showed the doors being manually locked in accordance with this new training. This new procedure for manual locking has been added to our emergency management plan and compliance will be reviewed at quarterly quality assurance meetings. We will audit the training at fire drills and emergency plan drills henceforth. Corrective action was completed by 12/31/2022. 	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE
		K223 Accepted 2/3/23 M. Steele/TW		

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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(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	
K 223	Continued From page 1 accompanied by the Maintenance Director, inspection revealed sliding fire door assemblies at two locations near the commercial kitchen area do not provide appropriate latching and closures. This deficiency was reviewed with the Clinical Director and Maintenance Director at 1:30 pm on 10/4/2022.	K 223			
K 923 SS=E	Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order	K 923	<ol style="list-style-type: none"> No residents were harmed by the alleged deficient practice, but there was potential harm to residents from the alleged deficiency. Oxygen tanks are now stored in a lockable, stainless-steel cabinet on the porch in compliance with the standard. The integrity and safety of the cabinet will be monitored on environmental rounds by the maintenance manager monthly, and as needed. The results of this monitoring will be reviewed in our quarterly quality assurance meeting. Corrective action was complete by 12/31/2022. 		
			K923 Accepted 2/3/23 M. Steele/TW		