

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 <u>http://www.dail.vermont.gov</u> 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

December 15, 2023

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

Provider ID #: 475036

Dear Ms. Braun:

On **December 4, 2023**, we conducted a revisit to the survey of **October 11, 2023**, to verify that your facility had achieved compliance with the tags cited at that survey. Based on our revisit, we found that your facility has corrected those deficiencies.

If you have any questions concerning this letter, please contact me at (802) 241-0480.

Sincerely,

Jamela MCotaRN

Pamela Cota, RN Licensing Chief

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The Division of Licensing and Protection conducted an unannounced, onsite Emergency Preparedness survey in conjunction with the annual recertification survey from 10/8/2023- 10/11/2023 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. As a result of this survey, the Facility was determined to be in substantial compliance with these requirements. (F 000) INITIAL COMMENTS (F 000) The Division of Licensing and Protection conducted an unannounced, onsite revisit survey at the facility on the date indicated in the upper right hand corner of this form. The violation(s) previously identified have been corrected.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI	IX (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF		JLD BE COMPLETION		
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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.

PRINTED: 12/15/2023