

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

August 26, 2016

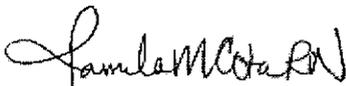
Ms. Patricia Russell, Administrator  
Union House Nursing Home  
3086 Glover Street  
Glover, VT 05839-9701

Dear Ms. Russell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 3, 2016**. 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

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

AUG 25 2016

PRINTED: 08/11/2016  
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  08/03/2016
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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

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An unannounced, onsite recertification survey was conducted by the Division of Licensing and Protection between 8/1/2016 and 8/3/2016. While the facility was found to be in substantial compliance with Federal regulations, the following state-licensing issue was identified during the survey.

F9999 FINAL OBSERVATIONS

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Per Vermont Licensing and Operating Rules for Nursing Homes regulation 7.13(d)(1)(i):

(d) Staffing Levels. The facility shall maintain staffing levels adequate to meet resident needs. (1) At a minimum, nursing facilities must provide: (i) no fewer than 3 hours of direct care per resident per day, on a weekly average, including nursing care, personal care and restorative nursing care, but not including administration or supervision of staff; and of the three hours of direct care, no fewer than 2 hours per resident per day (PPD) must be assigned to provide standard LNA care (such as personal care, assistance with ambulation, feeding, etc.) performed by LNAs or equivalent staff and not including meal preparation, physical therapy or the activities program.

This requirement is NOT MET as evidenced by:

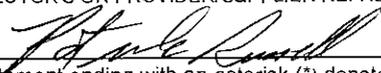
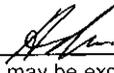
Based on record review and staff interview, the facility failed to ensure staffing hours met the minimum requirements. Findings include:

Per review of the daily staffing hours for nursing services for the months of June and July 2016, there were a number of days that did not meet

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The facility is advertising for open positions and has contracted with an outside nursing service for both licensed LNA's and Nurses when staffing starts to change. Due to the unavailability to procure staff locally. Special housing has been setup for incoming travelers. LNA courses are being held at the two sister facilities on a regular basis to increase local employees. In part, the Board of Nursing has restricted the use of these Aides after completion of their course and has slowed the testing schedules (continued.....)

8/15/16  
M.A.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		8/18/16

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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F9999 Continued From page 1  
the minimum of 2 hours/day per resident. The resident census and hours of LNAs did not meet the 2 hours per day per resident on the following days in June: 6/4, 6/5, 6/11, 6/12, 6/16, 6/18 - 6/27, and 6/30/16. In July 2016, the entire month with the exception of 7/13/16 had LNA hours recorded as below 2 hours per day per resident. In analyzing the 3 hours/day per resident of total care provided, some of the weekly averages were below 3 hours/day per resident. The week of 6/19- 6/25/16, the weekly average totaled 2.95 hours per resident. The week of 7/3 -7/9/16, the weekly average was 2.84 hours per resident. The week of 7/10 -7/16/16, the weekly average was 2.9 hours/resident daily. The week of 7/17 - 7/23, the weekly average was 2.71 hours/resident daily. The week of 7/24 - 7/30/16, the daily average hours per resident totaled 2.53 hours. Per interview on 8/3/16 at 9:40 AM, the Director of Nursing confirmed that the days listed were below the required LNA hours per resident, and also the weekly averages were below 3 hours /per day per resident for the above listed times.

F9999 also adding to the ability to fill slots in a timely manner. No call/no shows are reprimanded and it becomes part of their permanent work record. Vacations have been extended out with smaller blocks of time off and fewer people being able to take time off at the same time. Staffing is monitored daily by the DNS and Administrator.

*8/10/16*  
*PAH*  
*8/11/16*  
*PAH*

*8/18/16*  
*PAH*

*F9999 POC accepted 8/15/16 G. Coleman RN/PAH*