

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

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 02/19/2009
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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

An unannounced onsite complaint investigation was conducted on 2/4/09 and completed on 2/19/09.

F 281 483.20(k)(3)(i) COMPREHENSIVE CARE PLANS SS=D

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:
Based on record review and interview nursing staff failed to maintain professional standards of quality for medication administration for 1 applicable resident. (Resident #1) Findings include:

1 Per record review on 2/4/09 nursing staff failed to assess and monitor medication administration for Resident #1, whose care plan directed staff to monitor 'swallowing issues'. Per the interview later that same day, the nursing staff stated that she was not sure if the resident swallowed all the medication and "apparently she was still holding them [meds] in the mouth because in a couple of minutes they were on the table and blouse". The nurse stated that she did walk away to the medication cart. Per the Licensed Nursing Assistant (LNA) interview via telephone on 2/29/09 at 1:30 PM, stated that the resident was observed with medication in the throat. The LNA went to assist another resident and when the LNA returned approximately 5 minutes later, there was applesauce, fluids and pieces of medication on the resident and table. The Director of Nursing services confirmed on 2/4/09 at 3:30 PM that the nurse failed to monitor and assess if the

F 000

1. The corrective action that will be accomplished for Resident #1 who was affect by the deficient practice will be: The nurse in question will be extensively counseled on regarding the proper medication administration procedure.
2. All Residents have the potential for the deficient practice. The nurse in question will be counseled regarding the proper techniques of medication administration for all Residents. In addition she will be monitored for at minimum of 1 month to ensure proper understanding has been achieved. Monitoring efforts will be performed by the DNS and will involve competency testing, med pass audits as well as general observation.
3. In order to ensure that the deficient practice does not reoccur, an in-service will be held on March 11th, 2009 for all nurses of the facility addressing proper medication administration techniques; with a concentration on proper assessment

F 281

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Patricia Russell

TITLE

Asst. Dir.

(X6) DATE

3/4/09

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 281 Continued From page 1
medication was safely swallowed.

Lippincott Manual of Nursing Practice, 8th Edition, pg 18.

F 281 and supervision during medication administration. Claire Bishop, RN, DNS will be the instructor and testing will be administered at the conclusion of the in-service.

4. The DNS will monitor the effectiveness of the corrective action. This monitoring effort will come in two forms.

1. Unannounced medication pass audits will be completed and passed by all nurses of the facility by March 20th, 2009.
2. Med pass audits of a sample of nurses will continue on a quarterly basis thereafter. Findings will be reported to QA committee. Claire Bishop, RN/DNS will be responsible for the correction of this deficiency

*POC accepted 3-5-09
per Susan Smas, RN
[Signature]*