



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

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

Voice/TTY (802) 241-2345

To Report Adult Abuse: (800) 564-1612

Fax (802) 241-2358

October 25, 2010

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

Dear Ms. Russell:

Enclosed is a copy of your acceptable plans of correction for the unannounced on-site follow up to the annual survey on September 28, 2010. conducted on . 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,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief



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

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Division of
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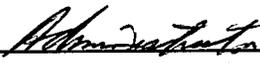
PRINTED: 10/06/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED R 09/28/2010
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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)	(X5) COMPLETION DATE
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{F 000}	INITIAL COMMENTS	{F 000}	F157 NOTIFY OF CHANGES-FAILURE TO INFORM	
{F 157} SS=D	<p>The Division of Licensing and Protection conducted an unannounced on-site follow up to the annual survey on 9/28/10.</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p>	{F 157}	<p>***Immediate correction achieved by 1:1 counseling with charge nurse responsible for this error: took place 9/29/10.</p> <p>*** Mandatory charge nurses meeting held on 10/12/10 and 10/13/10 to address notification requirement and review other areas identified in recent survey. See attached attendance sheets.</p> <p>*** Measures put into place to ensure deficient practices do not recur include:</p> <p>1. Introduction of new, fulltime nursing position-(advertised position 10/1/10)—unit coordinator--- to support existing nursing staff in a clinical and supervisory role by providing much needed oversight. Unit Coordinator will assure nursing staff adheres to guidelines and consistently meet residents' needs, following Union House policy and procedures. The Unit Coordinator will be delegated responsibilities by the DON consistent with the nursing process, and in an effort to maintain and comply with all regulatory requirements.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 10/12/10
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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.

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{F 157}	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based upon staff interview and record review, the facility failed to immediately inform the physician and legal representative concerning a change in the Resident's physical status for 1 of 4 residents in the applicable sample (Resident #14). Findings include: 1. Per record review on 9/28/10, Resident #14's temperature is documented in the 9/26/10 nursing note as 102 degrees at 10:00 AM and 100.4 degrees at 2:00 PM. There is no documentation that the physician and/or legal representative were notified for either temperature elevation. Per interview on 9/28/10 at 1:10 PM, the DNS (Director of Nursing Services) confirmed the physician and legal representative were not notified on 9/26/10 concerning Resident #14's temperature elevations of 102 degrees at 10:00 AM and 100.4 degrees at 2:00 PM. In addition, the facility policy labeled Changes In The Patient's Condition states "it is the responsibility of the Charge Nurse on duty to notify the attending physician of occurring changes in the patient's condition".	{F 157}	2. Review of unstable residents and notification measures implemented will take place at every morning multi disciplinary meeting which take place on each unit. 3. In addition to the above and as stated previously in POC dated 8/26/10, the DNS review on 10/1/10: a) incident reports generated from any unusual occurrence. b) appropriate plan of care to confirm it was updated and/or new MD orders implemented. c) all resident charts to ensure notification practice followed. On a monthly basis, the DNS will continue to review notifications during monthly audit as part of ongoing process. The DNS continues to monitor for compliance when reviewing 24 hour report. Any variance from written guidelines will result in disciplinary action. To ensure this deficient practice does not recur, the DNS will include this matter for review on a quarterly basis at the QA meetings; attended by the multidisciplinary team and reported directly to the administrator. The next scheduled QA meeting is Oct. 26, 2010.	
{F 371} SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions	{F 371}		

F157 POC Accepted 10/21/10
T. Cummings RN / PmcotARN

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{F 371}	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure that food was stored under appropriate temperatures as required. Findings include: Per observation on 9/28/10 at 10:40 AM, the temperature log for the resident snack refrigerator for dates in September 2010 was observed to have no entries for September 1, 25 & 26. Temperatures were noted to be out of safe range on the following dates: 44 degrees F (Fahrenheit) on 9/20/10, 46 degrees F on 9/22/10, and 42 degrees F on 9/23/10. Per interview on 9/28/10, the missing entries and out of range temperatures were confirmed with the Assistant Administrator and the second floor Charge Nurse.	{F 371}	F371, F431 FOOD PROCUREMENT, STORAGE, AND DRUG RECORDS, LABEL/STORE DRUGS AND BIOLOGICALS *** Immediate correction took place to ensure logs were up to date and all temps within guidelines as specified a top of each log. ***Measures have been put into place to ensure that deficient practice does not recur and to confirm that thermometers are being read daily, recorded daily and any reading outside of safety zone reported to DNS or Unit Coordinator promptly so correction is immediate and ensures that no food, beverage or medication is compromised.	
{F 431} SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the	{F 431}	1. As of 9/29/10, nurses are doing the checks at change of shift at 3 p.m. and recording on the same sheet used for narcotic count. The form has been revised and improved, to clear up any confusion in its use.	

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{F 431}	<p>Continued From page 3</p> <p>facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on documentation review and staff interviews, the facility failed to store medications and biologicals under proper temperature controls and according to pharmacy policy and procedure. Findings include:</p> <p>Per record review, there were no temperatures recorded for the first floor medication storage refrigerator on September 22, 23, 24, 25, 26, and 27. There were no temperatures recorded for the second floor medication storage refrigerator on September 4, 5, 6, 7, 8, 11, 18, 23, 25 & 26. Per interview with the First floor charge nurse, Second floor Charge Nurse and the Assistant Administrator on 9/28/10 at 10:50 AM, these entries were not found. These missing entries were also confirmed in an interview with the DNS (Director of Nursing Services) at 2:20 PM.</p>	{F 431}	<p>2. The DNS reviews the log q am when on the units for morning meeting. Any incomplete record will be investigated and result in disciplinary action. With rigorous reinforcement and daily discussion, we are institutionalizing the recording of temperatures fully into the charge nurses' daily routine and thus, ensuring compliance.</p> <p><i>F371, F431 POC Accepted 10/21/10 T.Cummings RN / JMCoturn</i></p>		