

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

November 30, 2010

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

Provider ID #:475036

Dear Ms. Russell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 2, 2010**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



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

RECEIVED
Division of

PRINTED: 11/15/2010
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 _____ Licensing and Protection B. WING _____	NOV 24 10 Division of C 11/02/2010
--	---	---	---

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
F 000	INITIAL COMMENTS	F 000		
F 281 SS=E	<p>An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 11/2/10.</p> <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to provide services in accordance with professional standards of practice by employing a Licensed Practical Nurse (LPN) with an invalid Vermont nursing license. Findings include:</p> <p>Per personnel review and interview, the facility had on staff an LPN without a valid Vermont nursing license from 2/1/10 to 5/21/10. Upon examination, the effective date on the LPN license of one employee is 5/21/10. As confirmed by the Vermont Board of Nurses during a telephone consultation on 11/2/10 at 2:00 PM, the previous biannual licensing period for Licensed Practical Nurses ended on 1/31/10. In an interview on 11/2/10 at 9:15 AM, the Director of Nurses (DON) confirmed that a gap in valid licensure for one LPN on staff went unnoticed from 2/1/10-5/21/10. The DON further confirmed in the interview that the unlicensed Practical Nurse had been assigned to charge nurse duties on one of two resident care units for 65 separate shifts during the 2/1/10-5/21/10 period.</p> <p>Reference: VSA Title 26, Chapter 28, Section 1584 (a)(3)</p>	F 281	<p>Services Provided Meet Professional Standards Allegation of Compliance</p> <p>The circumstance of an LPN working with a lapsed license occurred as described but was an isolated situation that has not, nor will not recur. The LPN was relieved from work duties immediately upon discovery of her lapsed license on 5/21/10. She was suspended without pay and faced termination if she failed to correct her situation promptly. The Asst. Administrator, Bethany Knight, called the Board of Nursing and spoke with E. Hansen who was able to arrange for same day renewal when Ms. Gilman went to Montpelier.</p> <p>Per telephone call with DNS on 11/23/10 @ 10:15 am, correction date is 11/3/10.</p> <p>F281 POC accepted with above addendum 11/23/10 PmcoRN</p>	<p>Completion date 5/21/10 11/22/10</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 11/22/10
---	------------------------	-----------------------

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 finding, 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.

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

PRINTED: 11/15/2010
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 _____	(X3) DATE SURVEY COMPLETED C 11/02/2010
--	--	--	---

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
--------------------	--	---------------	---	----------------------

F9999	<p>Continued From page 2</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on record review and interviews, the facility failed to comply with State of Vermont Licensing and Operating Rules For Nursing Homes, 7.13 (b), by failing to designate a licensed nurse to serve as charge nurse. Findings include:</p> <p>Per personnel record review and interview, the administration failed to designate a licensed nurse to serve as charge nurse on one of two units for 65 shifts in the period 2/1/10-5/21/10. In an interview on 11/2/10 at 9:15 AM, the Director of Nurses (DON) confirmed that a gap in valid licensure for one LPN on staff went unnoticed from 2/1/10-5/21/10. The DON further confirmed in the interview that the unlicensed Practical Nurse had been assigned to charge nurse duties on one of two resident care units for 65 separate shifts during the 2/1/10-5/21/10 period.</p>	F9999	<p>SEE F 492 and F281 for compliance and tracking of renewals. Would also note that the LPN was not alone on any shift as she did have another nurse in the building. The DNS reviewed all MD orders received in that time period. The previously referenced procedures will prevent this from recurring..</p> <p>The facility took immediate action with The Board of Nursing as previously stated.</p> <p>Completion 6/1/10</p> <p>Per telephone call with DNS on 11/23/10 @ 10:15 am, correction date is 11/3/10.</p> <p>F9999 POC Accepted with above addendum 11/23/10 <i>Amcokern</i></p>	<p><i>By State 6/1/10 PK.</i></p>
-------	---	-------	---	-----------------------------------

E. A.

UNION HOUSE NURSING HOME PERSONNEL POLICY

PURPOSE

The purpose of this instruction sheet is to establish a basis for impartial personnel administration in this facility and to provide management and employee alike with a ready reference to establish policy and procedural rules. In the administration of these rules it should be understood that the primary purpose of this facility is to provide quality nursing care to all residents, and, to this end all efforts must be directed. Any personnel arrangements with previous employers will be null and void.

SCOPE

These rules apply equally to all employees of this facility and shall be followed by each employee without exception until such time as it is revised or rescinded. It is the responsibility of both employee and supervisor to ensure that the provisions of these instructions are carried out at all times in order that this facility may accomplish its primary mission.

EMPLOYMENT PROCEDURE

The appropriate Department Supervisor or the Administrator will interview applicants for a position in this facility after the following requirements have been completed.

1. Application must be completed and signed by the applicant.
2. Background Investigations Statement Signed.
3. Request For Information From The Vermont Child Abuse and Neglect Registry.
4. Request For Criminal Conviction Information.
5. Request For Information From Agency of Human Services, DAIL Division of Licensing and Protection.
6. Request For Information From the Office of Inspector General.
7. I-9 Form completed and signed.
8. References listed on the application will be checked and the results noted.
9. The following forms must be completed and signed if applicable, after confirmation of employment has been made.

- A. W-4 Forms
- B. Job Description and Personnel Policies
- C. Employee Data Information Form
- D. Orientation Record

PHYSICAL EXAMINATIONS

Each new employee must undergo a physical examination to determine physical fitness. This examination is to be done within the first 30 days of employment. The business office will provide information as to which physician to go to at the expense of the facility. The facility currently uses Dr. Nelson Hass of Newport. If you choose your own physician it will be at your own expense. The physical must include a TB test.

Union House does not require annual physicals, but PPD tests are required at least every 5 years.

ATTENDANCE

The basic workweek is a 7 day consecutive period, beginning with a Sunday and ending the following Saturday. The current schedule is posted for a two (2) week schedule period.

Full-time employment will be based on a minimum 32-hour workweek. Anything less than 32 hours will be considered part-time employment. Payroll will be paid every two weeks, for scheduled time based on a 40-hour week.

Normal hours of duty, due to the nature of the mission of a nursing home, are 8-hour shifts, unless otherwise scheduled. Twelve-hour shifts may occasionally be scheduled to ensure coverage.

A staggered schedule of days off has been established to ensure non-interruption of service to the residents, and each employee must take his/her day off on the day scheduled by the facility except in emergency conditions. When an employee is required or elects to work on a scheduled day off, an adjustment will be made within the pay-period to reschedule the day off.

If you don't work your posted weekend to work, you may expect to work the next weekend to help cover the schedule, as someone had to cover your missed posted time.

Overtime is paid when you work over 40 hours in a 7-day week commencing on Sunday

Exhibit B.

HIRING POLICY FOR ALL LICENSED EMPLOYEES

1. ALL APPLICANTS WILL PROVIDE COPY OF CURRENT PROFESSIONAL LICENSE TO BE PLACED IN EMPLOYEE FILE PRIOR TO FIRST SHIFT OF WORK.
 2. A LIST OF ALL LICENSED EMPLOYEES AND THEIR RENEWAL DATES WILL BE KEPT BY HR MANAGER.
 3. THE EMPLOYEE IS RESPONSIBLE FOR RENEWING THEIR LICENSE AT LEAST 1 WEEK PRIOR TO EXPIRATION AND PROVIDING A COPY TO THE HR MANAGER. THE HR MANAGER WILL PROVIDE THE DNS WITH CURRENT LIST OF RENEWALS ON MONTHLY BASIS.
 4. THE DNS REVIEWS AND POST NOTICES OF RENEWALS BECOMING DUE THAT MONTH.
 5. THE DNS WILL MAINTAIN CURRENT LIST OF ALL PENDING RENEWALS AND PROVIDE INDIVIDUAL NOTICES TO THOSE WHO HAVE NOT PROVIDED NEW LICENSE WITHIN 1 WEEK OF THEIR EXPIRATION DATE.
 6. NO EMPLOYEE WILL BE ALLOWED TO WORK AFTER EXPIRATION UNTIL RENEWAL LICENSE IS PROVIDED TO EMPLOYER. EMPLOYER IS NOT RESPONSIBLE FOR TIME LOST OR PAYMENT THEREOF.
 7. EMPLOYEES ARE OBLIGATED TO INFORM EMPLOYER OF ANY CONDITIONS PLACED ON THEIR LICENSE IMMEDIATELY. FAILURE TO DO SO WILL RESULT IN TERMINATION.
 8. FAILURE TO COMPLY WITH LICENSING POLICY WILL RESULT IN TERMINATION.
- EFFECTIVE 6/1/2010