

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

January 18, 2011

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
January 6, 2011.

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

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PRINTED: 01/07/2011
FORM APPROVED
OMB NO. 0938-0391

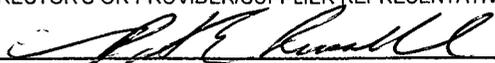
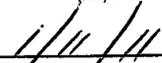
Licensing and
Protection

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 01/06/2011
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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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F 000	INITIAL COMMENTS	F 000		
F 204 SS=D	<p>An unannounced onsite complaint investigation was initiated by the Division of Licensing and Protection on 11/10/10, and concluded on 1/6/11. The following regulatory violations were identified.</p> <p>483.12(a)(7) PREPARATION FOR SAFE/ORDERLY TRANSFER/DISCHRG</p> <p>A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to assure that sufficient preparation for discharge was provided for two of two residents sampled. (Resident #1, #2) Findings include:</p> <p>1. Per record review on 11/10/10, Resident #1 was admitted to the facility in June 2010 for a rehabilitative stay after an accident. A referral was made by the facility to the Choices for Care Program (CFC) on 7/19/10, and the Long Term Clinical Care Coordinator (LTCCC) went to the facility to assess the resident for clinical eligibility for the program on 7/20/10. It was determined that the resident was clinically eligible, and at that time the resident chose Home Health as their case management agency. Per phone conversations and faxed information from the LTCCC, the following occurred:</p> <p>On 7/22/10, the LTCCC faxed the clinical certification to the facility and to the state department that determines financial eligibility on 7/22/10. When the LTCCC received the financial eligibility determination on 9/27/10, an e-mail was</p>	F 204	<p>F 204 483.12 (a) (7) PREPARATION FOR SAFE/ORDERLY TRANSFER/DISCHARGE</p> <p>1. On 8/1/2010 a staffing change occurred at Union House Nursing Home. A new Social Service Director took over duties with limited training in VT policies and procedures.</p> <p>Resident #1 incident took place prior to this hire and as resident was covered under Medicare, no 804 was submitted by previous employee.</p> <p>Resident #2 was discharged from a Medicare stay on 9/2/2010 and 804A should have been submitted.</p> <p>When notified on 9/24/2010 that the forms had not been submitted, immediate action was taken to remedy.</p> <p>2. Immediate chart audit was completed on 1/11/2011 to ensure proper filing of 804 forms. There have been no further incidents.</p> <p>3. According to stated policy and procedure, 804 forms will be submitted to note the following:</p> <ul style="list-style-type: none"> all admissions all discharges, transfers and deaths all changes in payment status 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 
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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 204	Continued From page 1 sent to the designated case manager to let them know the resident had been approved. At this time the LTCCC and the case manager were surprised to learn that the resident had been discharged to home without the facility notifying the appropriate agencies. According to the Choices For Care, Long-Term Care Medicaid Program Manual Section V.5.C.3, the facility has a responsibility to send a "CFC 804 A/B" form to the state agency to report a change such as discharge to another setting, which then cues the case manager to assure that services are in place to meet the needs of the client. The resident was discharged to home on 7/26/10, and the fax record shows that the Change Report Form 804 was not sent until 9/24/10, two months after the resident was discharged to home. According to the LTCCC, the facility is responsible for sending out the Change Report Form regardless of whether the person has received confirmation of financial eligibility. Per interview on 11/10/10 at 2:20 PM, the Administrator stated that they did not send out the Change Report Form 804 until 9/24/10, when they received confirmation of financial eligibility for Resident #1. 2. Per record review on 11/10/10, Resident #2 was admitted to the facility on 7/13/10. The LTCCC assessed this resident also on 7/20/10 to determine clinical eligibility for CFC Program, and the application was forwarded to be approved for financial eligibility. In this case also, Resident #2 was discharged to home on 9/2/10 without the facility notifying the state agency with a Change Report Form 804, which would have informed the LTCCC and the case manager that the resident had been discharged. Per review of the facsimile transmission report of the facility on 11/10/10, the form was not faxed to the LTCCC until 9/24/10,	F 204	4. Proof of all faxed submissions will be kept on file, in resident chart and forwarded to Management Company as a safeguard. 5. Administrator will monitor submissions made by Social Service Director or Social Service backup. <i>Completed 1/11/11 K. Campos RN / K. McArthur RN</i> F204 POC Accepted 1/13/11 K. Campos RN / K. McArthur RN	

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F 204	Continued From page 2 after a request was made by the LTCCC to send it. Per interview on 11/10/10 at 2:00 PM, the Social Services staff member who sent the fax confirmed that the only evidence this had been done was the fax copy sent to the LTCCC weeks after the discharge. Per interview on 11/10/10 at 2:20 PM, the Administrator stated that they did not send out the Change Report Form 804 until 9/24/10, when they received confirmation of financial eligibility for Resident #1.	F 204		
F 492 SS=D	483.75(b) COMPLY WITH FEDERAL/STATE/LOCAL LAWS/PROF STD The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. This REQUIREMENT is not met as evidenced by: Based on record review, and interviews with state agents and facility staff, the facility failed to follow state protocols for notification of a change of setting for two of two residents sampled. (Residents #1, #2) Findings include: Per record review, Residents #1 and #2 had been found clinically eligible by the Long Term Clinical Care Coordinator (LTCCC) for the Choices For Care Program on 7/20/10, and the facility and the state agency responsible for financial eligibility were notified of the decision on 7/22/10. According to the Choices For Care, Long-Term Care Medicaid Program Manual Section V.5.c.3,	F 492	F 492 483.75(b) COMPLY WITH FEDERAL/STATE/LOCAL LAWS/PROF STD 1. All 804 forms will be submitted regardless of financial eligibility for services. Proof of submission will be kept by Social Service Director. Process will be monitored by Administrator to insure timely submissions are completed. Completed 1/11/2011. F492a POC Accepted 1/13/11 K.Campds RN / CM CoRN	<i>Completed</i> 1/11/11 MR.

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F 492	Continued From page 3 the facility has a responsibility to send a "CFC 804 A/B" form to the state agency to report a change such as discharge to another setting, which then cues the LTCCC to notify the case manager of the discharge so they can determine the Resident's needs in the new setting. Per the LTCCC, this is not dependent on waiting for financial eligibility determination, and needs to be sent regardless of that status. Per interview on 11/10/10 with the Social Service coordinator and the Administrator, the Change Report Form 804 had not been sent to the LTCCC at time of discharge for either resident per state policy under Choices for Care.	F 492			