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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>475036 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY COMPLETED<br><br>11/26/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Union House Nursing Home |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>3086 Glover Street<br>Glover, VT 05839 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
| F 0600<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.<br><br>Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse by a resident for 1 of 4 residents in the sample, (Resident #1). Findings include: Per record review, Resident #2 has diagnoses that include schizophrenia, major depressive disorder, and anxiety disorder. Per review of Resident #2's care plan, s/he has a care plan focus that reads, Resident has potential for behavior [related to] schizophrenia, and major depressive disorder, and has [history] of aggression towards others, initiated on 8/12/15. Per an email dated 11/26/25 from the Director of Nursing (DON), Resident #2 was involved in a resident-to-resident altercation on 8/12/24, in which Resident #2 had hit his/her roommate. Per record review, a facility reported incident (FRI) was submitted to the State Agency on 8/1/25, with an allegation of physical abuse related to a resident-to-resident altercation that occurred on 8/1/25 between Resident #1 and Resident #2. The submission revealed that Resident #2 was observed sitting in the dining area when Resident #1 walked out of his/her room and walked by Resident #2. Resident #2 was calling Resident #1 names and struck Resident #1 in the chest multiple times. A 5-day investigation summary, submitted to the state on 8/7/25 includes a documented interview between the facility and Resident #2, where Resident #2 admitted to striking Resident #1. S/He admitted that s/he does not like Resident #1 because s/he walks around in his/her briefs. The 5-day investigation summary verified that physical abuse occurred to Resident #1. Per interview with the Director of Nursing (DON) on 11/25/25 at approximately 9:40 AM, she stated that this incident did occur as reported in the FRI submitted on 8/1/25. |

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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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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