

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 12/18/2024
NAME OF PROVIDER OR SUPPLIER Union House Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3086 Glover Street 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50336</p> <p>Based on interviews and record review the facility failed to create and implement a policy related to national background checks for their employees. The facility also did not complete national background checks for 19 of the 22 Licensed Nursing Assistants (LNAs) employed by the facility. Findings include:</p> <p>Record review of 5 LNA human resource files revealed there was no evidence of national background checks for 3 of the LNAs sampled. The facility provided an additional list of all LNAs employed at the facility and confirmed that only three of the 22 LNAs had evidence of national background checks. Per interview with the Clinical Lead Registered Nurse (RN) on 12/18/2024 at approximately 12:00 PM, s/he stated that the facility did not complete national background checks for their employed LNAs.</p> <p>Per record review, a memo from [Department of Aging and Independent Living] was sent out to nursing facilities on October 5, 2022, that states, 1. Prior to employing an individual and at least annually thereafter, a Facility must query the following entities regarding the prospective / current employee: .Agency providing a national criminal background check . To check whether the individual is barred from employment based on prior convictions in any state .2. Under [NAME] and federal laws and regulations, a Facility must decline to employ a prospective or current employee with: .Criminal convictions for the abuse/exploitation/neglect of a vulnerable adult or child in any state . In addition to the prohibitions mentioned above, [NAME] laws prohibit long-term care facilities from employing individuals with criminal convictions relating to bodily injury, theft or misuse of funds or property, and/or crimes inimical to the public welfare.</p> <p>Per review of the facility policy titled Abuse Prevention Program last revised 12/2016 states the following As part of the resident abuse prevention, the administration will . Conduct employee background checks . Develop and implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of residents. The policy did not specify the requirement for national background checks.</p> <p>Per interview with the Clinical Lead RN on 12/18/2024 at 2:00 PM, s/he confirmed that s/he was not aware of the memo and that the abuse policy had not been updated to reflect requirement to complete at least one national background check for their employees. S/He also confirmed that the national background checks had not been done for the employees and they should have been.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>51189</p> <p>Based on interview and record review, the facility failed to ensure Care Plan interventions were implemented for three residents [Resident #27, Resident #39, and Resident #294] of 21 sampled residents.</p> <p>Findings include:</p> <p>1. Per review of the medical record for Res. #27, the resident has a Care Plan focus that states Resident is at risk for alteration in skin integrity related to immobility, urinary incontinence, a Care Plan goal that states Resident will be free from alteration in skin integrity and the Care Plan has interventions that include Weekly skin check by Licensed Nurse. All of the aforementioned Care Plans were initiated on 6/27/24 and have not been revised.</p> <p>A review of nursing documentation titled Assessments for Resident #27 showed skin checks done on 6/22/24, 7/23/24 and 8/27/24, only 3 times in 24 weeks.</p> <p>2. Per review of the medical record for Res. #39, the resident has a Care Plan focus that states Resident is at risk for alteration in skin integrity related to incontinence, immobility, a Care Plan goal that states Resident will be free from alteration in skin integrity and the Care Plan has interventions that include Weekly skin check by Licensed Nurse. All of the aforementioned Care Plans were initiated on 7/31/24 and have not been revised.</p> <p>A review of nursing documentation titled Assessments for Resident #39 showed a skin check done on 7/16/24, only once in 19 weeks.</p> <p>3. Per review of the medical record for Res. #294, the resident has a Care Plan focus that states Resident is at risk for alteration in skin integrity related to incontinence, immobility, a Care Plan goal that states Resident will be free from alteration in skin integrity and the Care Plan has interventions that include Weekly skin check by Licensed Nurse. All of the aforementioned Care Plans were initiated on 7/23/24 and have not been revised.</p> <p>A review of nursing documentation titled Assessments for Resident #294 showed skin checks done on 7/11/24 and 12/10/24, only twice in 20 weeks.</p> <p>During an interview on 12/17/24 at 12:38 PM with a Licensed Practical Nurse and the Director of Nursing, both staff members confirmed interventions of Weekly skin checks by a Licensed Nurse to prevent alterations in skin integrity were not implemented for Residents #27, #39, and #294 per their plans of care.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29776</p> <p>Based on interview and record review, the facility failed to ensure that two residents [#39 & #11] of 21 sampled residents remained as free of accident hazards as possible regarding adequate supervision, implementing interventions to reduce hazards and risks, and assessing interventions for effectiveness.</p> <p>Findings include:</p> <p>1.) Per record review, Res. #39 was admitted to the facility with diagnoses that include Alzheimer's disease, anxiety disorder, and muscle weakness.</p> <p>A Quarterly Fall Risk assessment dated [DATE] identified the resident as a High Risk for falls, determining the resident was disoriented, had a history of recent falls, with poor vision, poor safety judgement and attempted to get out bed and chairs unsafely.</p> <p>Review of Res.#39's Care Plan identifies the resident as is at risk for falls due to unsteady gait when tired, Alzheimer's disease, and history of falls.</p> <p>Record review reveals Resident #39 had sustained 4 falls in the past 2 months, including 2 falls on back-to-back days on 11/23 & 11/24/24. Further review revealed Res.#39 suffered a 5th fall on 12/5/24. Review of Progress Notes record the resident was Combative at care, screaming, hitting, and pinching. This evening, [staff] was standing near the nurses' station, [Res.#39] was observed watching a Christmas movie and suddenly standing up from the wheelchair in a jumpy way and landing on [h/her] palms and knees on the floor before staff were able to intervene. Resident was combative during assessment, screaming and trying to grab onto [staff]. In the days following the fall, Progress Notes [dated 12/7/24] record Res.#39 continues to be combative with care, as well as with redirection, with interventions such as Reapproach/reassurance assessed as ineffective.</p> <p>Per review of the facility's Fall and Fall Risk, Managing policy, under the policy's Resident-Centered Approaches to Managing Falls and Fall Risk section is If falling recurs despite initial interventions, staff will implement additional or different interventions, or indicate why the current approach remains relevant. Additionally, under Monitoring Subsequent Falls and Fall Risk is If the resident continues to fall, staff will re-evaluate the situation and whether it is appropriate to continue or change current interventions. [Policy version 1.2 (H5MAPL0313) revised 2018].</p> <p>Per interview with the Director of Nursing [DON] on 12/17/24 at 12:38 PM, the DON confirmed the facility's policy is to review a resident's Care Plan after each fall and add additional interventions to prevent future falls. Per record review and confirmed during the DON interview, there were no new interventions added to Res. #39's Care Plan after the fall on 12/5/24 to prevent the resident from falling again.</p> <p>2.) Per record review, Res.#11 was admitted to the facility with diagnoses that include:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>dementia, schizophrenia, anxiety, depression, and psychosis, as well as difficulty in walking, muscle weakness, muscle wasting, and unsteadiness on [h/her] feet.</p> <p>Review of Res.#11's Care Plan identifies the resident as at risk for falls due to: poor safety awareness due to Schizoaffective Disorder, Anxiety, Depression, and Psychosis, poor posture when ambulating, and using furniture to walk.</p> <p>Record review reveals Resident #11 had sustained 3 falls in the past 4 months, including a fall with bruising to their forehead. Further review revealed Res.#39 suffered a 4th fall on 12/5/24. Review of Progress Notes record the resident was found sitting on [h/her] buttocks in [h/her] room, in between bathroom door and [h/her] wheelchair in front of [h/her].</p> <p>Per interview with the Director of Nursing [DON] on 12/17/24 at 12:38 PM, the DON confirmed the facility's policy is to review a resident's Care Plan after each fall and add additional interventions to prevent future falls. Per record review and confirmed during the DON interview, there were no new interventions added to Res. #11's Care Plan after the fall on 12/5/24 to prevent the resident from falling again.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>51586</p> <p>Based on observation and interview, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one of 21 sampled residents (Resident #20). Findings include:</p> <p>Per observation on 12/17/24 at 1:37 PM Resident #20 unwrapped a gauze dressing covering a wound on their hand. The dressing was visibly soiled with blood. Resident #20 unwrapped the gauze until it was dangling from their hand and touching the floor of the dining area/TV room. At this point a staff Licensed Nursing Assistant [LNA] who was not wearing gloves began to redress the wound with the same gauze. Moments later a staff Registered Nurse [RN] came over to assist. The RN providing care to the resident was also not wearing gloves. Once Resident #20's hand was fully wrapped the staff RN secured the gauze with the original tape which had been stuck to the arm of Resident #20's chair.</p> <p>In an interview with the facility's Director of Nursing [DON] on 12/18/24 at 1:36 PM the DON confirmed that the soiled dressings that had been in contact with the floor should not have been reused to dress the wounds on Resident #20.</p>