

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

July 12, 2012

Ms. Patricia Russell, Administrator
Union House Nursing Home
3086 Glover Street
Glover, VT 05839-9701

Provider #: 475036

Dear Ms. Russell:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 20, 2012**. 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,



Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure



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

PRINTED: 07/05/2012
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 06/20/2012
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NAME OF PROVIDER OR SUPPLIER UNION HOUSE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3086 GLOVER STREET GLOVER, VT 05838
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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 DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 253 SS=E	<p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to maintain a sanitary, orderly and comfortable environment. Findings include:</p> <p>During environmental tour of the facility, at 1:30 PM on 6/19/12, the following observations were made and confirmed by the Director of Maintenance and the Housekeeping Supervisor, both of whom were present during the tour:</p> <p>a. the base of a mechanical lift, located on the second floor and used to assist in transferring residents, was heavily soiled with stains and a build up of dust;</p> <p>b. there was a build up of dust and dirt debris along the floor edge and baseboards on both sides of the carpeted hallway on the second floor;</p> <p>c. the linoleum flooring in the common areas of the hallway and dining/activity room on the second floor had a heavy build up of dirt debris and stains;</p>	F 253	<p>F253 - Housekeeping & Maintenance duties schedules were retrained & redefined to limit and define responsibilities between housekeeping/maintenance/nursing. In-services and department meetings held on July 10, 2012 to prevent the deficient practice from recurring. All resident rooms, common areas, were reviewed. Housekeeping hours are increased to 7 days per week effective with the week of July 14, 2012. Housekeeping & Maintenance supervisors will report to the Administrator & to Quality Assurance for continued compliance. Completed 7/10/12.</p> <p><i>F253 POC accepted JHosmer RN / PML 7/12/12</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Robert E. Russell</i>	TITLE Administrator	(X6) DATE 7/11/12
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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 253	<p>Continued From page 1</p> <p>d. the entire metal base of an overbed table, utilized by a resident in one room on first floor, was heavily coated with rust looking spots;</p> <p>e. throughout the first two days of survey there was a large piece of metal with sharp edges protruding from the cover of the heating element located on the floor along the outside wall of the dining area, in an area frequently traversed by residents.</p> <p>These observations were confirmed by the Director of Maintenance and the Housekeeping Supervisor, during interview, at the time of the tour. The Housekeeping Supervisor stated that the cleaning schedule for the resident rooms, hallway and dining/activity areas, on the second floor, included cleaning only on Mondays, Thursdays and Saturdays. Neither the Director of Maintenance nor the Housekeeping Supervisor was aware of who was responsible for cleaning of the mechanical lift utilized for residents. During separate interviews, at 3:20 PM and 3:30 PM, respectively, on 6/19/12, both LNA #1 (Licensed Nursing Assistant) and the DNS (Director of Nursing Services) stated they were not sure whose responsibility it was to clean the mechanical lift.</p>	F 253		
F 280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p>	F 280		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 280	<p>Continued From page 2</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment, prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to revise the care plan to reflect a change in treatment for 1 of 20 residents in the Stage 2 sample (Resident #32). Findings include:</p> <p>1. Per record review and staff interview, the facility failed to revise a care plan for Resident #32, relating to a positioning program. Per record review on 06/20/12, a physician's order of 04/11/12 states "keep in bed on side, up for meals and therapy only." The care plan states "assist resident with turning and positioning a minimum of every 2 hours", however, this is not specific to the resident's current need of being kept on the sides only. In addition, the LNA (Licensed Nursing Assistant) care plan doesn't state if there is a turn & re-position program. Per review of the Turn/Re-position Record for April, May and June 2012 it does not have consistent</p>	F 280	<p>F280 – Resident #32's care plan has been revised to same verbiage as nursing intervention on physician order sheet. Turning and repositioning plan has been added to LNA kardex. Care plans and kardexes of all other residents on turning and repositioning plans have been reviewed and reflect current plan of care. A new "Turning and Repositioning Flow Sheet" has been implemented with training provided to all nursing staff. Monitoring for accuracy and compliance will be done 3 times per week for 2 weeks then weekly times 4, then monthly. Results will be reported to the Quality Assurance Committee. See Exhibit #1. Completed 7/10/12.</p> <p><i>F280 PC accepted 7/12/12 JHsmurzel/AME</i></p>	

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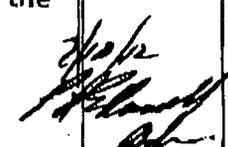
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F 280	Continued From page 3 documentation for time of day, frequency or actual position of the resident. Per interview on 06/20/12 at 9:55 AM the LNA stated "[s/he] gets turned I think from side to side but [the resident] can sometimes scootch on [his/her] own". Per interview, the DNS (Director of Nursing Services) stated that the Turn/Re-position Record "is very confusing and there are areas not filled out so I'm not able to say what position the resident is in at a certain time of day." The DNS confirmed that the care plans were not revised to show the current turning and re-positioning program.	F 280		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review and staff interview, the facility failed to provide services by qualified persons to 1 of 20 residents in the stage 2 sample (Resident #14). The findings include: Per multiple observations of Resident #14 on the 3 days of survey, staff failed to ensure that the personal alarm was properly applied and/or properly working. Per review of the care plan dated 06/01/11 notes that the resident was to have [for safety] a bed alarm when in bed, and a breakaway pull alarm when in chair. Per observations on on 06/18/12 from 2:15 PM to	F 282		

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F 282	Continued From page 4 4:40 PM the resident did not have the safety pull alarm while in the recliner. As staff approached the resident to get up and ready for supper, staff stated "Oh [Resident #14] you're so tricky...must've took this off". Per observation on 6/19/12 at 10:45 AM, Resident #14 got off the elevator with the social service person, and the housekeeper took the resident over to the recliner and failed to apply the alarm. At 11:15 AM the resident was observed attempting to rise from recliner. The nurse surveyor asked the LNA (Licensed Nursing Assistant) if the resident is able to get up by themselves and if alarm should be applied. The LNA stated yes but was not sure who was the last person to check on the resident. In addition, per two observations on 06/20/12, at 9:41 AM the resident got up out of an arm-chair in the common area and started to walk away, however, the alarm fell to the floor and did not sound. And at 1:30 PM no chair alarm was noted on the resident who was in recliner chair. Per interview at that time, the unit nurse stated that the resident "finished lunch, and it looks as if a new shirt was put on". Per interview on 06/20/12 at 2:45 PM, the DNS (Director of Nursing Services) confirmed that the chair alarm should have been on the resident as per the plan of care.	F 282	F282 - Resident #14/bed/chair alarm - training has been provided to all facility staff on the use of bed/chair alarms for safety. All other residents with alarms in place have been reviewed. Resident assignments have been created for LNA's with specific and individualized interventions for each resident listed on their worksheet. Assigned LNA will be responsible for ensuring compliance with interventions. Training has been provided to all nursing staff. Random checks of bed/chair alarm use will be done on each shift 3 times per week for 2 weeks then weekly times 4, then monthly with results reported to the Quality Assurance Committee. Completed 7/10/12.		
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by:	F 332	F332 POC accepted 7/12/12 JHomer RM PML		

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F 332	Continued From page 5 Based on clinical record review, observation and interview, the facility failed to ensure that medications were administered with an error rate of less than five percent for 1 of 23 residents in the sample. (Resident #44) Findings include: 1. Per observations of the medication administration pass, there were 3 errors out of 53 opportunities, which resulted in an error rate of 5.7%. Per observation on 06/18/12 at 10:15 AM for Resident #44, a total of 10 morning medications were given greater than 2 hours after the prescribed time. Per review of the MAR (medication administration record) and physician's orders, 7 of the medications included an aromatase inhibitor, heart medications such as beta-blocker and an anti-hypertensive, and vitamins/minerals that were to be given only once daily at 8:00 AM, limiting the potential impact on the resident. However, one of the medications (ketoconazole- an anti-fungal) was scheduled to be given three times a day, and 2 others were to be given twice daily; one being pain medication and the other a hydrocortisone for inflammation. Per interview on 06/19/12 at 10:00 AM the staff nurse stated "well this happens a lot because the resident goes down to breakfast and sometimes doesn't come back up right away" and that the three times a day medication as well as the 2 times a day medications were not adjusted to be given later in the day on 6/18/12 so that the doses were equally spaced. The staff nurse confirmed the error of the delayed med pass.	F 332	F332 - Compliance with medication administration time frames - reviewed with licensed nurses and consultant pharmacist. Facility med pass times have been adjusted to 8:30 a.m. - 12:30 p.m. - 4:30 p.m. - 8:30 p.m. In addition, specific times have been adjusted per MD approval for those residents with preference for medication administration outside the facility med pass times. Training has been provided to nursing staff and medication administration records of all residents have been reviewed. Med pass completion time will be monitored daily times 2 weeks for effectiveness of change in med pass times. Completed 7/10/12. F332 POC accepted 7/12/12 Jtkemurp1 Pivest		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or	F 371			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: MH4Z11

Facility ID: 476038

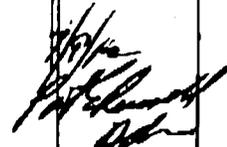
If continuation sheet Page 6 of 8

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F 371	<p>Continued From page 6</p> <p>considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews the facility failed to store all food for resident consumption under sanitary conditions. Findings include:</p> <p>During tour of the kitchen and dry goods storage areas, at 1:35 PM on 6/18/12, the following observations were made and confirmed by the FSS (Food Services Supervisor) who was present during tour:</p> <p>a. There were styrofoam cups stored inside 2 large plastic containers of sugar and flour, each cup partially covered by the contents of the respective containers, located in the dry storage area in a room off the main kitchen. The exterior of each of the 2 plastic containers was heavily soiled with stain and powder debris.</p> <p>b. There was an open, uncovered, bag of sugar stored on a shelf in the dry storage area next to the kitchen</p> <p>c. There were opened uncovered plastic squeezable containers of ketchup, salad dressing and mustard in the refrigerator in the kitchen.</p>	F 371	<p>F371 – In-service on safe food handling and storage done with all kitchen staff on July 9, 2012 to include storage of food, protection of food from contamination from an outside source, and sanitary procedures. Daily food checks monitoring put into place to be monitored by the FSS and Dietician and reported to Quality Assurance. See Attached form. Exhibit #3. Completed 7/9/12.</p> <p>F371 POC accepted 7/12/12 JHSMURPH / PML</p>	

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F 371	Continued From page 7 In addition, per observation at 2:10 PM on 6/18/12, stored in the resident refreshment refrigerator located on the second floor, there were opened, uncovered and unlabeled squeezable plastic containers of substances. They were identified by an LNA at the time of observation as ketchup, chocolate sauce, salad dressing, white vinegar and cider vinegar.	F 371			

Exhibit
10-7 253
290
282
332
371

Union House Nursing Home
Facility Meeting -- All Departments

July 10, 2010

A facility wide meeting was held on July 10, 2010. Presenters were Patricia Russell RN, Administrator, and Dorene Valiquette RN, Director of Nursing. The survey done by the Department of Licensing and Protection on June 18-20, 2010 was reviewed with all staff. The specific deficiencies cited were read to staff with an interdisciplinary discussion regarding each area. Education was provided to staff in each of the specific areas. The following areas were discussed:

- Housekeeping and Maintenance Services – maintaining a sanitary, orderly, and comfortable facility.
- Nursing – care planning, turning and repositioning schedules, bed/chair alarms for safety and persons responsible for ensuring use, medication administration
- Dietary Services – Food storage and preparation

Following the facility wide meeting and education session, break-out sessions were held for specific departments. Patricia Russell RN, Adm., Peter Chernovitz, Dietary Manager and Tina Daily, Housekeeping Supervisor provided further education and reviewed the plan of correction with Maintenance, Housekeeping and Dietary Departments. Dorene Valiquette RN, Director of Nursing held the break-out session for the nursing department.

Nursing Department Education and Plan of Correction

July 10, 2012

Turning and repositioning program

Reviewed importance of turning and repositioning residents. Previous turning and repositioning flowsheet was confusing to staff and not being filled out consistently and accurately. New flowsheet discussed and will be implemented beginning July 12, 2012 at midnight. Inservicing provided to staff. Updating of care plans with same verbage as nursing interventions/ MD orders reviewed with licensed nurses.

Bed and Chair alarms

Discussion of accountability and responsibility for ensuring residents with alarms have them on per plan of care. Initiation of specific resident assignments for LNA beginning on 3-11 July 10, 2012. Education and training provided on new assignment sheets. The LNA assignment sheets have specific resident interventions listed as well as being on the LNA kardex.

Medication administration

Education provided on medication administration specifically acceptable time frames of ordered medications. Facility med pass times were changed on July 1, 2012 to allow time for nurse to nurse report and deliver ordered medications in the acceptable time parameters of within one hour before or after. Reviewed once a day meds versus multiple dose per day meds and the need to have appropriate amount of time between. Three residents in the facility would prefer their medications at a time that is after the facility med pass times. MD orders will be obtained to provide these residents with their preferred medication delivery time. Licensed nurses will alert nursing supervisor going forward of any other specific resident preference that will be outside of facility medication delivery. This will be reviewed with consultant pharmacist and MD as needed.

IN-SERVICE TRAINING RECORD

7/10/12

Name: Cont. Compliance meeting with All Departments

Date	Topic	Hours	Date	Topic	Hours
7/10	Doris Powell LNA		7/10	Matthew J. Erdini	
7/10	Corrina Fournier LNA		7/10	Janice D. Costa	
	ANN SNAY LNA		7/10	Ang Chodol	
7/10	Casey Nadeau LPN		7/10	[Signature]	
7/10	Jane Reed		7/10	Kassandra Savage LNA	
	Deena Haux		7/10	Cindy Willey LPN	
	Jenny, Lau, Lisa			Al Bump ext	
	Amanda Tischer		7/10	Erin J. Hunter ext	
	Debbie Chyrod		7/10	Nicole Pennington ext	
	Tina Dailey		7/10	[Signature]	
	Chris Barton		7/10	Deean Lussier	
	Melissa Currier				
	Jess Smith				
7-10	Becky Wisco				
7-10	Nicole Thornton LNA				
	Mary Smith				
	Kathleen Pike				
	Wanda Galls ext				
7-10	Janet A. [Signature]				

Total # of hours: _____

Total # of hours: _____

Grand Total of Hours: _____

Exhibit # P. 280

Name _____

Union House Turn and Reposition Record

Month/Year _____

Position
L = left side R = right side B = back P = prone

Write in the position at the correct time. The staff member must also place his/her initials in the appropriate box.

Time	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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11pm																																

Exhibit #2
Sitting Dept.
F-371

Daily Food CHECK - Freezers, Refrigerators, Storage

OHNH KITCHEN

MONTH _____

YEAR _____

DATE	TIME		INITIALS	CORRECTIVE ACTION
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Exhibit.
#3.
F-371

INSERVICE 7-9-12

PROPER FOOD Handling + Food STORAGE

- Storage of Food
- Protection of Food From Contamination
- Sanitary Procedures

~~John DeCarter~~
John DeCarter
M. Garcia
A.P.
Sarah McParton