VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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AGENCY OF HUMAN SERVICES

May 28, 2026

Mr. Travis Bergeron, Administrator
Union House Nursing Home
3086 Glover Street
Glover, VT 05839

Provider ID #: 475036

Dear Mr. Bergeron:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **May 7, 2026.** 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
Pamela M. Cota, RN, BS
Assistant Division Director
State Survey Agency Director

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475036	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Union House Nursing Home	3086 Glover Street , Glover, Vermont, 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
F0000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite investigation of one complaint and one FRI (Facility Reported Incident) including reports #2696049 and #2666335 on 5/6/26 with offsite correspondence through 5/7/26 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following deficiencies were identified:	F0000		
F0602 SS = E	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review the facility failed to ensure that four of four sampled residents (Res.#1, Res.#2, Res.#3, and Res.#4) were free from misappropriation of property related to medication. Findings include: Per record review of the facility's "Identifying Exploitation, Theft, and Misappropriation of Resident Property" policy [last revised April 2021] states, "4."Misappropriation of resident property" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent. 5. Examples of misappropriation of resident property include...f. drug diversion (taking the resident's medication)..." Per review of an initial incident report from the facility to the state agency on 11/10/25, the facility investigated the allegation of drug diversion by LPN [Licensed Practical Nurse] #1 for Residents #1, #2,	F0602	F0602 1. There were no negative effects noted for resident #1, 2, 3, or 4 related to the alleged deficient practice. 2. The identified LPN was immediately terminated from employment upon discovery of medication discrepancies. 3. Residents requiring medication administration have the potential to be affected by the alleged deficient practice. 4. Facility administration is aware of the requirements around misappropriation of medications and followed procedures and reporting requirements upon identification.	

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 reverse for further 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
T. Bruno	Administrator	5/27/26

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F0602 SS = E	Continued from page 1 and #3 regarding discrepancies in controlled substance documentation and medication counts in addition to medication tampering. Per review of the facility's final 5 day summary submitted to the state agency on 11/17/25, it was discovered that LPN #1, who started working at the facility on 11/4/25, had diverted the following controlled substances, Oxycodone (20 tablets), Tramadol (1 tablet), and Lorazepam (1 tablet), from Residents #1, #2, #3, and #4 between 11/7/25 and 11/8/25. Errors were identified with medication counts matching the medication administration records and the controlled substance log. It was also determined that multiple medication cards were tampered with, revealing narcotic medications replaced with non-narcotic medications. Per record review of a document from the State of Vermont Secretary of State Office of Professional Regulation (OPR) Board of Nursing in the facility incident file states, "54. After further investigation, [LPN #3 and RN#2] discovered that [Resident #3] Oxycodone cards had been tampered with by replacing the narcotic with non-narcotic medications, including Hydroxyzine [a medication used for anxiety], Prednisone [a steroid], Meclizine [a medication used to treat nausea and vomiting], and Metoprolol [a medication used to treat high blood pressure], which were all medications available from the medication cart. 55. [RN#2] later told OPR Investigator that Prednisone and Metoprolol were contraindicated with medications that some of the residents were prescribed and that, if medication tampering had not been discovered, it could have caused great harm to the residents...60. [RN#1] was able to determine by the different colors and sized of the tablets contained in [Resident #1]'s medication card that seven of the oxycodone tablets had been replaced with what appeared to be Spironolactone, which is a potassium sparing diuretic...62. In total the Nursing Home discovered that approximately twenty Oxycodone tablets were unaccounted for the after [LPN#1]'s shifts on November 7, and 8, 2025, either because they had been recorded by [LPN#1] as being dispensed without also recording their administration or because the tablets were discovered to be missing from the medication An interview was conducted with the DON [Director of Nursing] on 5/6/26 at 11:37 AM. The DON confirmed that the medications for Resident #1, Resident #2, Resident #3, and Resident #4 had been diverted by LPN #1. The DON confirmed this incident should not have occurred.	F0602	5. The DON or designee will continue to monitor for medication discrepancies and intervene accordingly. 6. Corrective action was completed on 11/8/2025 when the discovery was made. 7. Substantial Compliance was achieved on 5/7/26. **Tag F0602 POC accepted on 5/28/26 by C. Howard/S. Stem**	

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F0726 SS = D	Competent Nursing Staff CFR(s): §483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.71. §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is NOT MET as evidenced by: Per interview and record review, the facility failed to ensure one of four sampled employees received medication administration competency prior to administering medications. Findings include: Per record review of Licensed Practical Nurse (LPN) #1's training log, there was no documentation that LPN #1 received a medication administration competency prior to starting her position. She worked for four days starting on 11/4/25 to 11/8/25 with no medication administration competency. The employee was terminated on 11/8/25 for medication diversion of Oxycodone (a medication used for moderate to severe pain), Tramadol (a medication	F0726	F0726 1. The identified LPN no longer works at the facility and was terminated immediately upon identification of medication discrepancies. 2. There were no noted negative effects to residents related to the alleged deficient practice. 3. Residents requiring medication administration have the potential to be affected by the alleged deficient practice. 4. Facility administration is aware of the requirements for competent nursing staff. 5. The Director of Nursing or designee will ensure all current nurses employed at the facility have medication pass competencies complete and new licensed nurses will not work alone administering medications until a med pass competency is completed. 6. The DON or designee will complete audits related to med pass competencies as needed with new hires and annually.	

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F0726 SS = D	Continued from page 3 used to treat pain), and Lorazepam (a medication used to treat anxiety). See F602 for more information. Per email notification from the Director of Nursing on 5/7/26, she confirmed that the facility did not have documentation related to medication administration for LPN #1 in writing, "I could not find her med pass competency..."	F0726	7. The results of the audits will be reported to the QAA committee x3 months at which time the committee will determine any further action needed. 8. Substantial Compliance will be achieved by 6/15/26. **Tag F0726 POC accepted on 5/28/26 by C. Howard/S. Stem**	