

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

September 14, 2018

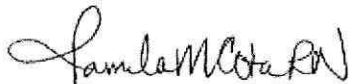
Mr. Shawn Hallisey, Administrator  
Barre Gardens Nursing And Rehab Llc  
378 Prospect Street  
Barre, VT 05641-5421

Dear Mr. Hallisey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 13, 2018**. 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  
Licensing Chief

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

PRINTED: 08/30/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/13/2018
NAME OF PROVIDER OR SUPPLIER  BARRE GARDENS NURSING AND REHAB LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 378 PROSPECT STREET BARRE, VT 05641	

(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
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<p>F 000 INITIAL COMMENTS</p> <p>The Division of Licensing and Protection conducted an unannounced on-site investigation of 2 complaints on 8/13/18. The following regulatory deficiency was identified:</p> <p>F 573 Right to Access/Purchase Copies of Records SS=B CFR(s): 483.10(g)(2)(i)(ii)(3)</p> <p>§483.10(g)(2) The resident has the right to access personal and medical records pertaining to him or herself.</p> <p>(i) The facility must provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically), or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays); and</p> <p>(ii) The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. The facility may impose a reasonable, cost-based fee on the provision of copies, provided that the fee includes only the cost of:</p> <p>(A) Labor for copying the records requested by the individual, whether in paper or electronic form;</p> <p>(B) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media; and</p> <p>(C) Postage, when the individual has requested the copy be mailed.</p>	<p>F 000</p> <p>F 573</p> <p>How will the corrective action be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <p>Resident #3's medical record has been copied, reviewed, and released as requested.</p> <p>How will the facility identify residents having the potential to be affected by the same alleged deficient practice?</p> <p>Any residents with a medical records request has the potential to be affected by the alleged deficient practice.</p> <p>What measures will be put in place to ensure that the alleged deficient practice will not occur?</p> <p>Staff involved in medical record retrieval will be in serviced on the Policy and Procedure of acknowledging a medical record request.</p>
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LABORATORY DIRECTOR'S OFFICE PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Shawn T. Hillsey* TITLE *Administrator* (X6) DATE *9.10.18*

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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NAME OF PROVIDER OR SUPPLIER  BARRE GARDENS NURSING AND REHAB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 378 PROSPECT STREET BARRE, VT 05641
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F 573 Continued From page 1

§483.10(g)(3) With the exception of information described in paragraphs (g)(2) and (g)(11) of this section, the facility must ensure that information is provided to each resident in a form and manner the resident can access and understand, including in an alternative format or in a language that the resident can understand. Summaries that translate information described in paragraph (g)(2) of this section may be made available to the patient at their request and expense in accordance with applicable law.

This REQUIREMENT is not met as evidenced by:

Based on information obtained through staff interview and record review the facility failed to provide copies of medical records, after multiple requests, and within 2 working days for 1 out of 3 sampled residents (Resident #3). Findings include:

On 12/20/2017, Resident # 3's complete medical record was requested in writing by the resident's representative. On 1/9/2018, the representative sent a letter indicating that he had not received any of the requested records from the facility. On 1/22/2018, the facility sent a packet of the resident's medical record to the representative. On 2/23/2018, the representative made another request for specific documentation that had not been provided in the initial packet. This documentation was to include, the admission agreement, nurses notes, social services notes, activities notes, behavior flow sheets, nutrition/dietician records, ADLs (activities of daily living), and incident reports. The representative made additional requests in writing on 5/1/2018 and 6/25/2018.

F 573

How will the facility monitor its corrective actions to ensure that the alleged deficient practice will not re-occur?

Random audits by the Administrator, DNS or their designee will be completed on all medical records request for 3 months or until substantial compliance is achieved. The results of the audits will be reported to the monthly QAPI committee for a minimum of 3 months or until substantial compliance is achieved.

Corrective Action will be completed by 9.11.18

*F573 POC accepted 9/12/18 UovellRN/rmw*

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NAME OF PROVIDER OR SUPPLIER  BARRE GARDENS NURSING AND REHAB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 378 PROSPECT STREET BARRE, VT 05841
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On 8/13/2018, the administrator provided the packet of documentation that had been sent to the resident's representative. Two surveyors reviewed the documentation that the administrator had confirmed was sent to the representative. Behavior monitoring was present and documented in the resident's electronic medication administration record. The admission agreement, nurses notes, social services notes, activities notes, nutrition/dietician records, ADLs, and incident reports were not present in the packet.

On 8/13/2018 at 3:07 PM, the administrator confirmed that the requested documents had not been sent to the representative, despite the multiple requests.

F 573