

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

January 18, 2019

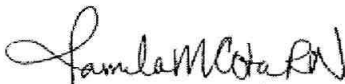
Mr. Shawn Hallisey, Administrator
Barre Gardens Nursing And Rehab Llc
378 Prospect Street
Barre, VT 05641-5421

Dear Mr. Hallisey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 26, 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: 01/07/2019
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 12/26/2018
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)

F 000 INITIAL COMMENTS

F 000

An unannounced, on-site complaint investigation was conducted by the Division of Licensing and Protection on 12/26/2018. The following regulatory issue was identified. Details are indicated below:

F 623 Notice Requirements Before Transfer/Discharge
SS=D CFR(s): 483.15(c)(3)-(6)(8)

F 623

§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-

- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.
- (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and
- (iii) Include in the notice the items described in paragraph (c)(5) of this section.

How will the corrective action be accomplished for those residents found to have been affected by the alleged deficient practice?

Resident #1 and #2 discharge have been reported to the Office of the State Long-Term Care Ombudsman.

How will the facility identify residents having the potential to be affected by the same alleged deficient practice?

Discharged residents have the potential to be affected by the alleged deficient practice.

§483.15(c)(4) Timing of the notice.

- (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.
- (ii) Notice must be made as soon as practicable before transfer or discharge when-
 - (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;
 - (B) The health of individuals in the facility would

What measures will be put in place to ensure that the alleged deficient practice will not occur?

The Social Worker or designee will notify and provide copy of discharge and rights notice to the Office of the State Ombudsman upon discharge.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Shawn T. Hallesey

Administrator

1/17/19

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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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be endangered, under paragraph (c)(1)(i)(D) of this section;
(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;
(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or
(E) A resident has not resided in the facility for 30 days.

§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:

- (i) The reason for transfer or discharge;
- (ii) The effective date of transfer or discharge;
- (iii) The location to which the resident is transferred or discharged;
- (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
- (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
- (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and
- (vii) For nursing facility residents with a mental

F 623

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

The administrator or designee will audit all discharges to ensure that the alleged deficient practice does not re-occur. Audits will be done weekly times 3 weeks. Then monthly times 2 months. Results will be reported to QAPI for review,

Corrective Action will be completed by 1.17.19

F-623 POC accepted
1/17/19 G. Coleman, rw / S. Perry, rw

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F 623 Continued From page 2
disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.

F 623

§483.15(c)(6) Changes to the notice.
If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.

§483.15(c)(8) Notice in advance of facility closure
In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).

This REQUIREMENT is not met as evidenced by:
Based on medical record review and confirmed by facility staff, the facility failed to assure that the ombudsman was notified of discharges for 2 of 3 residents (Resident # 1 and # 2), in the applicable sample. The specifics are detailed below:

1. Per medical review on 12/26/2018, Resident # 1 was admitted to the facility on 9/6/2018 for a rehabilitation program after suffering a 'stroke'. Skilled therapy medicare benefits ended on 11/02/2018 for Resident # 1. At that time s/he was assessed as having no nursing home level

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F 623 Continued From page 3

needs and was verbally given notice that s/he would be discharged back to a residential care home. Resident # 1 initially refused to accept the discharge, declining to sign the "Advanced Beneficiary Notice" (ABN). No notice was sent to the ombudsman. This is confirmed by the facility social worker during interview on 12/26/2018.

2. Per medical record review, Resident # 2 was admitted to the facility for rehabilitation following a respiratory event. When goals were met, s/he was discharge back into the community with home health agency services. No notice was sent to the ombudsman. This is confirmed during interview with the facility social worker on 12/26/2018.

F 623



Date: _____

Number of Pages: 5

To: Pamela M. Cota RN

From: Shaun T. Hallisey

Licensing Chief

Administrator

Fax: 802-241-0343

Phone: 802-476-4166
Main Fax: 802-479-5679
Wing 1 Fax: 802-476-4199
Wing 2 Fax: 802-476-7166

Remarks: Please accept this POC for
the alleged deficient practice from
a survey @ this facility on December 26, 2018

Respectfully Submitted - Shaun T. Hallisey
administrator

Confidential

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