



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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, 2024

Mr. William Kowalewski, Administrator
Woodridge Nursing Home
142 Woodridge Drive
Barre, VT 05641-0550

Dear Mr. Kowalewski:

Enclosed is a copy of your acceptable plans of correction for the revisit survey conducted on **January 3, 2024**. 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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

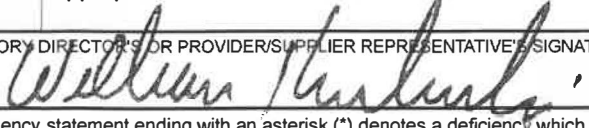
Enclosure

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

PRINTED: 01/05/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475045	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 01/03/2024
NAME OF PROVIDER OR SUPPLIER WOODRIDGE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 142 WOODRIDGE DRIVE 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	
{F 000}	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite follow up survey on 1/3/2024 to determine compliance with previously cited deficiencies under 42 CFR Part 483 requirements for Long Term Care Facilities. A deficiency was cited as a result of this survey.	{F 000}	1. The practice of the timely reporting of an allegation involving abuse, neglect, exploitation and misappropriation for the Residents found to have been affected by this deficient practice was addressed by the subsequent timely submission of the five day summary report submitted to the State.		
{F 609} SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.	{F 609}	2. All other Residents have the potential to be affected by this deficient practice. It has been determined that no other Resident has been affected by this deficient practice. 3. Woodridge will provide live education to Leadership and Staff via a combination of Leadership meetings, staff meetings and area Huddle Boards – to be followed up with electronic and written communication, regarding the reporting requirement of allegations of abuse, mistreatment, exploitation and neglect accord with CMS F 609 and State of Vermont requirements. 4. The Quality Assurance Coordinator will conduct an audit of the timely reporting of each and every allegation of abuse, mistreatment, exploitation and neglect for the next six weeks to assure timely reporting requirements are met for allegation in accord with CMS F 609 and State of Vermont requirements. Findings of the audit will be presented at the next Quality Assessment and Assurance meeting. The duration of the audits may be extended based on level of compliance. 5. Compliance completion by January 22, 2024.		

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



TITLE

ADMINISTRATOR

(X6) DATE

1/18/24

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 609}	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that all alleged violations involving abuse are reported no later than 2 hours after the allegation is made. The facility also failed to ensure that allegations of abuse and neglect are reported to Adult Protective Services and local law enforcement. Findings include:</p> <p>Per record review, four allegations of abuse or neglect were reported to the State Agency that did not comply with the regulation in the following ways:</p> <ul style="list-style-type: none"> - On 11/13/23, a resident-to-resident altercation was reported to the State Agency in which one resident grabbed another resident's breasts without consent. The reporting form states that the incident was witnessed on 11/13/23 at 11:11 AM. The form states that the facility notified the State Agency on 11/14/23 at 11:54 AM, more than 24 hours after the incident occurred. - On 11/20/23, a resident made an allegation of neglect to the facility. The allegation was reported to the State Agency and Adult Protective Services. There was no evidence that local law enforcement was notified of the allegation. - On 12/11/23, a resident made an allegation of neglect to the facility. The allegation was reported to the State Agency. There was no evidence that local law enforcement or Adult Protective Services were notified of the allegation. - On 12/13/23, a resident made an allegation of physical abuse by employees to the facility. The allegation was reported to the State Agency. There was no evidence that local law enforcement or Adult Protective Services were notified of the allegation. 	{F 609}	<p>Tag F 609 POC accepted on 1/18/24 by K. Ruffe/P. Cota</p>		

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{F 609}	Continued From page 2 Per interview on 1/3/24 at approximately 1:00 PM, the Director of Nursing confirmed that the resident-to-resident incident from 11/13/23 was not reported to the State Agency within 2 hours. They also confirmed that law enforcement and APS were not made aware of the other three reported allegations, respectively.	{F 609}			