

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

famila M Cota RN

Pamela M. Cota, RN Licensing Chief

Enclosure

Statement or percences And PLANM Product PLEASCLA Product PLEASCLA </th <th></th> <th></th> <th>ND HUMAN SERVICES</th> <th></th> <th></th> <th></th>			ND HUMAN SERVICES					
UNITED UNITIAL COMMENTS Display Othomation (F 000) INITIAL COMMENTS Integer depresentation of the second of the subscription involving abuse, neglect, application or mistreatment, including injuries of under the scale data of the second	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X2)		COMPLETED		
INVE OF PROVIDER OF SUPPLIER STREET ADDRESS. CITY, STREE_DR CODE WOODRIDGE NURSING HOME SUMMARY STATEMENT OF DEPICIENCIES IFREET ADDRESS. CITY, STREE AD OF CORRECTION BARRE, VT 05641 Ifree DRVE BARRE, VT 05641 (K4) ID PRETIX TAC SUMMARY STATEMENT OF DEPICIENCIES (F 000) INITIAL COMMENTS Ifree Division of Licensing and Protection conducted an unamounced, onsite follow up survey on 137/2024 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 600) If The Division of Licensing and Protection conducted an unamounced, onsite follow up survey on 137/2024 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 600) If The practice of the timely reporting of an allegation involving abuse, neglect, exploitation as a result of this survey. (F 600) If the deficient practice. It has been definition of the fixed survey. (F 600) If the deficient practice. It has been definition of the deficient practice. It has been definition of a compliance of existent massion of the twe day summary report submitted that no other facilities. A deficient practice with softwise ball and the survey. (F 600) If the deficient practice. It has been definition of the facility must subsequent time submission of the facility must; stratt acuse the allegation in and cit the acut subsequent time existent has been affected by this deficient practice. 3. Woodridge will provide the subset success and do not require- ments. If the deficint practice. 3. Woodridge will provide with electroni and neglec			B. WING					
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(F 600) INTRECOMMENTO 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 sumary reports ubmission of the five day sumary report day the five day	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	PREFIX (EACH CORRECTIVE ACTION SHOULD BE COL TAG CROSS-REFERENCED TO THE APPROPRIATE COL			
 (F 609) Reporting of Alleged Violations (F 609) SS=D 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 24 hours if the events that cause the allegation is made, if the events that cause the allegation do not involve abuse and do not 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, 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, 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, including to the State Survey Agency and accordance with State law, including to the State Survey Agency and accordance with State law, including to the State Survey Agency and accordance with State law, including to the State Survey Agency and accordance with State law, including to the State Survey Agency and accordance with State law, including to the State Survey Agency of the incident, and if the alleged violation is verified appropriate corrective action must be taken. (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. S. Compliance completion by January 22, 2024. 	{F 000}	The Division of Lice conducted an unann survey on 1/3/2024 t previously cited defice 483 requirements for	nsing and Protection ounced, onsite follow up to determine compliance with ciencies under 42 CFR Part r Long Term Care Facilities. A	{F 000	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.			
		deficiency was cited as a result of this survey. 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		{F 609	 be affected by this deficient practice. It has been determined that no other Resident has been affected by this deficient practice. 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. 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. 	the five day e State. otential to tice. It has esident has actice. ucation to nation of ngs and wed up with ation, ment of nt, with require- ator will porting of se, mistreat- or the next ing require- ccord with require- be essment tion of the nevel of		
ABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE/SIGNATURE TITLE (X6) DATE	ABORATOR	A		F	TITLE	(X6) DATE		

ADMIN) (TRA

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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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 01/05/2024

		MEDICAID SERVICES				O. 0938-03
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475045		(X2) MULTIPI		E SURVEY		
		A. BUILDING			R-C	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
WOODRIE	OGE NURSING HOME			142 WOODRIDGE DRIVE		
				BARRE, VT 05641		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETIO DATE
					ði.	
{F 609}	Continued From page	e 1	{F 609	}		
	This REQUIREMENT is not met as evidenced by:			Tag F 609 POC accepted on 1/1 K. Ruffe/P. Cota	8/24 by	
		iew 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		de la companya de la			
	and local law enforce	ment. Findings include:				
	Bor record review, for	ur allogations of abuse or				
	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:	le regulation in the following				
		esident-to-resident				
	1	ted to the State Agency in				
		rabbed another resident's				
	breasts without conse	ent. The reporting form				
	states that the incider	nt was witnessed on				
	11/13/23 at 11:11 AM. The form states that the					
		ate Agency on 11/14/23 at				
	11:54 AM, more than occurred.	24 hours after the incident				
		esident made an allegation of				
	neglect to the facility.	The allegation was reported				
	to the State Agency a					
		no evidence that local law				
	enforcement was not	esident made an allegation.				
		The allegation was reported				
		There was no evidence that				
	local law enforcemen					
	Services were notified					
		esident made an allegation				
		employees to the facility.				
		ported to the State Agency.				
	There was no eviden	ce that local law				
		Protective Services were				
	notified of the allegati	on				

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

Facility ID: 475045

If continuation sheet Page 2 of 3

		ND HUMAN SERVICES				FORM): 01/05/2024 APPROVED
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE CONSTRUCTION		(X3) DATE	0. 0938-0391
	CORRECTION	IDENTIFICATION NUMBER:		NG			LETED
						R-C	
		475045	B. WING			01/03/2024	
NAME OF P	ROVIDER OR SUPPLIER				ITY, STATE, ZIP CODE		
WOODRID	GE NURSING HOME			RIVE			
		ATEMENT OF DEFICIENCIES		BARRE, VT 05641		_	
(X4) ID PREFIX TAG	EACH DEFICIENC REGULATORY OR I	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SH			(X5) COMPLETION DATE	
{F 609}	Continued From page 2		{F 6	09}			
		24 at approximately 1:00 PM,					
	the Director of Nursin resident-to-resident in	g confirmed that the ncident from 11/13/23 was					
	not reported to the St	ate Agency within 2 hours.					
		that law enforcement and aware of the other three					
	reported allegations,						

Facility ID: 475045

If continuation sheet Page 3 of 3