



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

March 6, 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 **February 20, 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: 02/23/2024
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 02/20/2024
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	{F 000}		
F 609 SS=D	<p>The Division of Licensing and Protection conducted an unannounced, onsite follow up survey on 2/20/24 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.</p> <p>Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§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.</p> <p>§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.</p>	F 609	<p>1.) The seven allegations were re-sent to the correct eMail address on February 20, 2024, the date of the State of Vermont surveyor revisit.</p> <p>2.) No other residents have been affected by the same deficient practice in that there have been no other allegations since the State of Vermont surveyor revisit on February 20, 2024.</p> <p>3.) A Woodridge Allegation Investigation Flow Sheet that notes all required steps in the investigation of an Allegation has been edited and contains the correct and confirmed DAIL intake eMail address (copy attached). Woodridge will follow this flow sheet to report to DAIL all future allegations of abuse, neglect, exploitation, mistreatment and missappropriation of a Resident's property. Additionally, a "read receipt" will be attached to each eMail sent to each agency being notified to confirm proper delivery and receipt of the eMail notification,</p> <p>4.) The Quality Assurance Coordinator will conduct an audit of the accurate reporting and dissemination of each allegation of abuse, neglect, mistreatment, exploitation and misappropriation of a resident's personal property for the next four weeks to assure eMail alerts were sent to the proper addressee and proper recipient to include receipt back to Woodridge via eMail of a "Read Receipt". Findings of the audit will be presented at the next Quality Assessment and Assurance (QAA) committee. The</p>	

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

TITLE

(X6) DATE

[Handwritten Signature] ADMINISTRATOR 2/27/24

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:</p> <p>Based on staff interview and record review, the facility failed to ensure that all alleged violations involving abuse are reported to the State Agency no later than 2 hours after the allegation is made.</p> <p>Findings include:</p> <p>Per record review:</p> <p>There was evidence of seven allegations of abuse or neglect that did not comply with the regulations in the following ways:</p> <p>On 1/19/2024, a resident made an allegation of abuse; the incident was reported to Adult Protective Services (APS) and local law enforcement, but there was no evidence that it was reported to the State Agency.</p> <p>On 1/30/2024, a resident-to-resident altercation was reported. The incident was witnessed and reported to (APS) and local law enforcement, but lacked evidence that it was reported to the State Agency.</p> <p>On 1/31/2024, a resident made an allegation of rough handling by staff. The incident was reported to APS and local law enforcement but lacked evidence that it was reported to the State Agency.</p> <p>On 2/6/2024, a resident reported an aide putting a hand in their vagina while performing peri care. The incident was reported to APS, but there was no evidence that it was reported to the State Agency.</p> <p>On 2/11/2024, a report was made of unknown bruising under a resident's eye. The incident was reported to APS and local law enforcement, but there is no evidence that it was reported to the</p>	F 609	<p>duration of the audit may be extended based on the level of compliance.</p> <p>5.) Compliance completion by February 27, 2024.</p> <p>Tag F 609 POC accepted on 3/6/24 by D. Hoffman/P. Cota</p>		

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F 609	<p>Continued From page 2</p> <p>State Agency.</p> <p>On 2/16/2024, a resident-to-resident altercation was reported, where a resident threw a cup at another resident, striking them in the head. The incident was witnessed by staff. There is no evidence that the incident was reported to the State Agency.</p> <p>On 2/24/2024, a resident made allegations of a male resident placing their hand under the resident's skirt on their thigh. The incident was reported to (APS) and local law enforcement, but there is no evidence that it was reported to the State Agency.</p> <p>Per interview on 2/20/24 at approximately 2:30 PM, the Director of Nursing confirmed that the above reports were not appropriately submitted to the State Agency.</p>	F 609			