

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 22, 2019

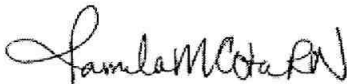
Mr. Shawn Hallisey, Administrator
Barre Gardens Nursing And Rehab Llc
378 Prospect Street
Barre, VT 05641-5421

Dear Mr. Hallisey:

Enclosed is a copy of your acceptable plans of correction for the re-visit survey conducted on **March 4, 2019**. 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: 03/11/2019
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 R 03/04/2019
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	
{F 000}	INITIAL COMMENTS	{F 000}			
{F 584} SS=B	<p>An unannounced onsite revisit to the survey of 1/9/19 was completed on 3/4/19. While the facility was found to be in substantial compliance, there is one citation that requires a plan of correction. The findings include the following:</p> <p>Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p>	{F 584}	<p>How will the corrective action be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <p>All dryer lint traps were cleaned.</p> <p>How will the facility identify residents having the potential to be affected by the same alleged deficient practice?</p> <p>Residents who use our laundry service have the potential to be affected by this alleged deficient practice. These residents will have a safe environment in the laundry area of the facility.</p>		

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

Shawn T. Hallisey

TITLE

Administrator

(X6) DATE

3-18-19

A 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 584}	Continued From page 1 §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations and confirmed by the Nursing Home Administrator, the facility failed to ensure a safe environment is provided in the laundry area of the facility. The detailed findings include the following: Per tour of the laundry department on 3/4/19 at 10:45 AM, in the presence of the Nursing Home Administrator and the Maintenance Director, three (3) industrial driers were identified to have all three lint traps heavily covered with dust/lint. Both the Administrator and the Maintenance Director confirmed that they needed cleaning, were unsafe in the condition they were in, and laundry staff failed to follow facility protocol for checking and cleaning the lint traps. Per discussion with the laundry aide at the time of discovery, confirmation was made that the lint traps have not been cleaned or checked for any accumulated lint. S/he continues to acknowledge that they are to be checked hourly. She voices that s/he has not cleaned or checked the lint traps today and did not work the past weekend.	{F 584}	What measures will be put in place to ensure that the alleged deficient practice will not occur? Laundry staff will be in serviced on ensuring the dryer lint traps are cleaned after every load. A daily lint trap cleaning log will be initiated. How will the facility monitor its corrective actions to ensure that the alleged deficient practice will not re-occur? Random audits will be conducted by the Laundry Supervisor/designee to ensure that the task is accomplished. These audits will be completed weekly x4 and monthly x2 or until substantial compliance has been achieved.	3/21/2019. F584 POC accepted 3/21/19 LLOVEK/PML	

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{F 584}	Continued From page 2 Per review of the Dryer Lint Trap log, the last documentation dated 2/9/19 at 2 PM, was the last documented time the task was completed. There is no evidence that the month of March has had the task completed at all. Therefor, it has been 23 days since the last documentation identifying that the drier vents have been cleared of any accumulated lint.	{F 584}			