



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

December 11, 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 **November 13, 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,

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

Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 11/21/2019
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 11/13/2019
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NAME OF PROVIDER OR SUPPLIER BARRE GARDENS NURSING AND REHAB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 378 PROSPECT STREET BARRE, VT 05641
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(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
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F 000 INITIAL COMMENTS

F 000

The Division of Licensing and Protection conducted an unannounced onsite investigation of 1 facility self-reported incident and 2 complaints on 11/12 and 11/13/19. The following regulatory deficiency was identified as a result.

F 645 PASARR Screening for MD & ID
SS=D CFR(s): 483.20(k)(1)-(3)

F 645

§483.20(k) Preadmission Screening for individuals with a mental disorder and individuals with intellectual disability.

§483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with:
(i) Mental disorder as defined in paragraph (k)(3)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and

(B) If the individual requires such level of services, whether the individual requires specialized services; or
(ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission-
(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and
(B) If the individual requires such level of services, whether the individual requires

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

All PASSAR documentation has been completed and is up to date for resident #4.

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

All residents have the potential to be affected.

12/12/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Shawn T. Hallisey TITLE Administrator DATE 12-2-19

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 645 Continued From page 1
specialized services for intellectual disability.

§483.20(k)(2) Exceptions. For purposes of this section-

(i) The preadmission screening program under paragraph(k)(1) of this section need not provide for determinations in the case of the readmission to a nursing facility of an individual who, after being admitted to the nursing facility, was transferred for care in a hospital.

(ii) The State may choose not to apply the preadmission screening program under paragraph (k)(1) of this section to the admission to a nursing facility of an individual-

(A) Who is admitted to the facility directly from a hospital after receiving acute inpatient care at the hospital,

(B) Who requires nursing facility services for the condition for which the individual received care in the hospital, and

(C) Whose attending physician has certified, before admission to the facility that the individual is likely to require less than 30 days of nursing facility services.

§483.20(k)(3) Definition. For purposes of this section-

(i) An individual is considered to have a mental disorder if the individual has a serious mental disorder defined in 483.102(b)(1).

(ii) An individual is considered to have an intellectual disability if the individual has an intellectual disability as defined in §483.102(b)(3) or is a person with a related condition as described in 435.1010 of this chapter.

This REQUIREMENT is not met as evidenced by:

Based on record review and staff interviews, the facility failed to complete a Preadmission

F 645

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

A PASSAR completion training was held on 11/20/19 for key personnel.

The Admissions Coordinator will ensure that all PASSAR level 1 screenings are received and reviewed prior to admission.

Any resident staying longer than 30 days will receive a post 30 day level 1 screening. This screening will be sent to the PASSAR Coordinator as required.

How will the facility monitor its corrective action to ensure that the alleged deficient practice will not reoccur?

The Admissions Coordinator or designee will audit all admissions to ensure a PASSAR level 1 has been completed and received.

The Admission Coordinator or designee will audit all residents staying longer the 30 days to ensure a post 30 day level 1 screening is completed and sent to the PASSAR Coordinator.

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F 645 Continued From page 2

Screening and Resident Review (PASARR) for Mental illness or Intellectual Disability for 1 of 4 residents who's PASARR's were reviewed. (Resident #4). Findings Include:

Record review indicated that Resident #4 was admitted to the Nursing Facility (NF) on 8/19/19. When the resident was discharged from the hospital, a level I PASARR was not completed as required. On 8/20/19 the facility completed a level I PASARR that indicated the resident would be in the facility less than 30 days. The facility was aware that the resident, in the past, had qualified for Specialized Services and could potentially still qualify.

"Specialized Services" are those services the State is required to provide or arrange, that raise the intensity of services to the level needed by the resident. That is, specialized services are an "add-on" to NF services-they are of a higher intensity and frequency than specialized rehabilitation services, which are provided by the NF.

During an interview on 11/13/19 at 11:30AM, the Admission Director confirmed that the facility failed to re-screen the resident as required once it was determined the resident would remain in the facility beyond the 30 days.

F 645

The results of the audits will be reported to the monthly QAPI Committee for review until substantial compliance is achieved.

F645 POC accepted 12/9/19 Lovell RN/pme

12/12/19