

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

February 26, 2021

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 **February 3, 2021**. 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: 02/17/2021
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 02/03/2021
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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
F 000	<p>INITIAL COMMENTS</p> <p>An unannounced onsite investigation was conducted on 02/03/2021 by the Division of Licensing and Protection as authorized by the Centers for Medicare and Medicaid to determine compliance with regulatory requirements. There was one regulatory violation related to this investigation.</p> <p>F 573 Right to Access/Purchase Copies of Records SS=B CFR(s): 483.10(g)(2)(i)(ii)(3)</p> <p>§483.10(g)(2) The resident has the right to access personal and medical records pertaining to him or herself.</p> <p>(i) The facility must provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically), or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays); and</p> <p>(ii) The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. The facility may impose a reasonable, cost-based fee on the provision of copies, provided that the fee includes only the cost of:</p> <p>(A) Labor for copying the records requested by the individual, whether in paper or electronic form;</p> <p>(B) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media;</p>	F 000	<p>F 573 How will corrective action be accomplished for those residents found to have been affected by the alleged deficient practice?</p> <p>Resident #3's medical record has been copied, reviewed, and released as requested.</p> <p>How will the facility identify residents having the potential to be affected by the same alleged deficient practice?</p> <p>Residents with medical records requests have the potential to be affected by this alleged deficient practice. These residents will have their medical records released upon request and within 2 working days advanced notice per the regulation.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Shawn T. Hallisey TITLE: Administrator (X6) DATE: 2/25/21

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 573	<p>Continued From page 1 and (C)Postage, when the individual has requested the copy be mailed.</p> <p>§483.10(g)(3) With the exception of information described in paragraphs (g)(2) and (g)(11) of this section, the facility must ensure that information is provided to each resident in a form and manner the resident can access and understand, including in an alternative format or in a language that the resident can understand. Summaries that translate information described in paragraph (g) (2) of this section may be made available to the patient at their request and expense in accordance with applicable law. This REQUIREMENT is not met as evidenced by: Based on information obtained through staff interview and record review the facility failed to provide copies of medical records, after multiple requests, and within 2 working days for 1 out of 1 sampled resident (Resident #1).</p> <p>Findings include:</p> <p>On 3/3/20, Resident #1's Power of Attorney (POA), provided a signed medical record release form to his/her attorney to obtain Resident #1's medical record from Barre Gardens Nursing and Rehab LLC.</p> <p>On 3/30/20 the attorney sent a letter to the Administrator of Barre Gardens and Rehab LLC requesting the following: "1. Any and all records, including, without limitation, intake forms, admission agreements, nurses' notes, medical records, medication records, physician's orders, MDS [Minimum Data Set] forms, monthly summaries, nutrition records,</p>	F 573	<p>What measures will be put into place to ensure that the alleged deficient practice will not occur?</p> <p>The Administrator and Medical records staff will be in-serviced on ensuring medical records are released upon request and within 2 working days advanced notice per the regulation.</p> <p>How will the facility monitor its corrective action to ensure that the alleged deficient practice will not re-occur?</p> <p>Administrator/designee will conduct random audits of medical record requests to ensure they are completed in the appropriate timeframe. These audits will be completed weekly x4, then monthly x2 or until substantial compliance is achieved.</p> <p>Results of the audits will be brought to the QAPI committee for review and recommendations as needed.</p> <p>Corrective action was completed: 2/27/21</p> <p>F573 POC accepted 2/25/21 G. Mercure, RN/P.Cota, RN</p>		

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F 573	<p>Continued From page 2</p> <p>assessments or care plans, lab reports, dietary records, social service notes, and nurse request forms related to [resident name omitted] during the entire period of [pronoun omitted] residence at Barre Gardens, whether printed, recorded or electronic.</p> <p>2. Any and all incident or event reports, or other investigation notes or reports referring to or mentioning [resident name omitted]. In accordance with applicable federal regulations, these copies should be tendered to me no later than Monday, April 6, 2020."</p> <p>The attorney included a copy of the signed medical record release form.</p> <p>"Kindly also provide copies of the following documents:</p> <ol style="list-style-type: none"> 1. The master signature legend, which identifies the name, signatures and corresponding initials of all caregivers who made any entry in the records and chart maintained for [resident name omitted]. 2. Any and all written communications between Barre Gardens and any third party, including, without limitation, health care providers and family members, relating or referring to [resident name omitted] during the period of [pronoun omitted] residency at Barre Gardens." <p>On 4/14/20, the attorney sent another letter to the administrator of Barre Gardens Nursing and Rehab explaining that he had been retained by Resident #1's POA "to determine whether Barre Gardens failed to meet the applicable standards of care with respect to [residents name omitted]." The attorney explained that if the facility failed to provide the requested documents, he/she would have no alternative but to file a complaint.</p> 	F 573		

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F 573	<p>Continued From page 3</p> <p>On 2/3/21 at approximately 2:15 PM, interview with the attorney who confirmed he/she had received Resident #1's medical records in October of 2020 after many written requests. The attorney stated that he/she had also called and spoken to the facility administrator who at that time wanted to know why this record was being requested. The attorney stated he/she followed up with the administrator with a letter explaining his/her need for the record on 5/4/20.</p> <p>On 2/3/21 at approximately 2:30 PM, interview with the facility administrator, who confirmed that he/she received the original request from the attorney for Resident #1's medical records earlier in the year. The administrator stated he/she had sent the records that were requested. When asked for confirmation of when these documents were provided to the attorney, the facility administrator was unable to provide supporting documentation specific to when he/she provided these documents. The facility failed to provide requested medical records in a timely fashion as it took approximately 7 months for the documents to be sent by the administrator and received by the requestor.</p>	F 573		