

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

October 26, 2021

Ms. Valerie Cote, Administrator
Barre Gardens Nursing And Rehab Llc
378 Prospect Street
Barre, VT 05641-5421

Dear Ms. Cote:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 12, 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: 10/19/2021
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 10/12/2021
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 The Division of Licensing and Protection conducted an onsite, unannounced complaint investigation from 10/11/21 to 10/12/21. The following regular violations were cited as a result:	F 000	The filing of this plan of correction does not constitute an admission of the allegations set forth in the statements of deficiencies. This plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.	10/28/2021
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that residents maintain acceptable parameters of nutritional status as evidenced by the facility failing to obtain weights as care planned and identify weight loss for one of four sampled residents (Resident #1).	F 692	Resident #1 no longer resides at the facility. All Residents have the potential to be affected by this alleged deficiency. A house wide audit was conducted by the Dietician and Director of Nursing to ensure weights are being obtained as care planned to identify weight loss. All nursing staff will be re-educated on obtaining weights as care planned and per the weight assessment policy. The Director of Nursing and/or designee will conduct random audits of Resident's weights being obtained per their care plan, weekly X 4 and then monthly X 2. Results of these audits will be brought to the QAPI committee for review and recommendations as indicated.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE Administrator DATE 10/28/2021

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 692	<p>Continued From page 1</p> <p>Findings include:</p> <p>1. Per record review, Resident #1 was admitted to the facility on 4/21/21. Per the multidisciplinary care conference note from 4/26/21, Resident #1's admission weight was 176 lbs compared to a weight of 181 lbs when discharged from the hospital prior to admission. Per the electronic health record weight log, on 4/30/21 the facility obtained a weight of 175.8 lbs for Resident #1 and did not record another weight until 5/25/21 when Resident #1's weight was 163.2 lbs. A 12.6 lb weight loss (7.1% decrease from admission weight) occurred over approximately 1 month.</p> <p>Per review of nursing documentation of the percentage of meals eaten, Resident #1 had variable intake in May of 2021 and June of 2021 prior to discharge on 6/9/21. Approximately half of all meals eaten were recorded to have been 0-50% consumed. It is also recorded that Resident #1 occasionally refused meals all together. Per review of Resident #1's care plan, a care plan focus of "[Resident #1] has a nutritional problem or potential nutritional problem related to dementia, depression" was added on 5/18/21. Under this care plan focus is an intervention placed on 5/18/21 that reads "weigh weekly and PRN and record."</p> <p>Per review of the multidisciplinary care conference note from 6/2/21, the RD's contribution reads, "RD has requested updated weight to confirm weight loss. Admit weight: 176 (4/30/21). BMI: 22.1 (normal). Variable po (by mouth) intake: 50% on average. Decreased po intake over the past week per nursing. Diet: regular diet/regular texture/thin liquids. OT (occupational therapy) screened for functional</p>	F 692	TAG F 692 POC approved 10/26/21 by K. Ruffe/P. Cota		

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F 692	<p>Continued From page 2</p> <p>decline in eating - none observed per therapy director. OT stating decreased po intake r/t cognitive function. OT recommending Kennedy Cup for drinks. Receiving fortified foods x2, 2cal 90ml BID (twice a day) to provide additional kcal and protein." Per review of Resident #1's orders, an order for "2.0 Calorie House Supplement two times a day for weight loss 90ML" was placed on 6/2/21. An additional weight was obtained on Resident #1 on 6/4/21 that was 159 lbs. There are no progress notes or nutritional risk assessments by the RD in Resident #1's record.</p> <p>Per interview on 10/12/21 at approximately 12:00 PM, the UM (Unit Manager) stated that the facility's practice is to obtain weights on a weekly basis, ideally on shower days. The weekly weights are then reviewed with the RD every week for weight loss. The UM confirmed that Resident #1 had not had weekly weights obtained on them every week they were in the facility. The UM provided this surveyor with evidence of one additional weight that was recorded on shower day but confirmed that it did not make its way into the record. This weight was 167.8 lbs on 5/12/21. There was an 8 lb weight loss over approximately 2 weeks, or a 4.5% decrease from the admission weight. The UM confirmed that no interventions to prevent further weight loss for Resident #1 were put in place until 6/2/21.</p> <p>Per interview on 10/21/21 at approximately 1:00 PM, the RD confirmed that their records show that Resident #1's weight loss did not become known to them until 5/28/21 and that they had no weights for Resident #1 on record between 4/30/21 and 5/25/21. The RD also confirmed that interventions to prevent further weight loss would have been implemented sooner had weights</p>	F 692		

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F 692	Continued From page 3	F 692			
F 757 SS=D	<p>been obtained and reported to them as expected.</p> <p>Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6)</p> <p>§483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-</p> <p>§483.45(d)(1) In excessive dose (including duplicate drug therapy); or</p> <p>§483.45(d)(2) For excessive duration; or</p> <p>§483.45(d)(3) Without adequate monitoring; or</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on information obtained through staff interview and record review, the facility failed to ensure that each resident's drug regimen is free from unnecessary drugs used without adequate indications for its use for 2 of 4 sampled residents (Resident #2 and Resident #3). Findings include:</p> <p>1. Per record review, resident #2 had an order for "Tramadol HCl Tablet 50 milligrams, give 1 tablet by mouth every 6 hours as needed for break</p>	F 757	<p>Resident #3 continues to reside in the facility and is having his/her medication administrated with adequate indications for use. Resident #2 no longer resides at the facility. All Residents that have parameters ordered on any medication have the potential to be affected by this alleged deficiency.</p> <p>A house wide audit of all medication orders with parameters was conducted by the Director of Nursing.</p> <p>All nurses will be re-educated on the Medication Administration Policy and administering medications with-in the parameters ordered.</p> <p>The Director of Nursing and/or designee will conduct random audits of Residents who receive medications with parameters, weekly X 4 and the monthly X 2.</p> <p>Results of these audits will be brought to the QAPI committee for review and recommendations as indicated.</p>		

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F 757	<p>Continued From page 4</p> <p>through pain 6-10 for 14 days." Tramadol is a controlled pain medication that should have been given for a reported pain level of 6-10, per the indications in the provider order. This order was placed by the provider on 6/14/21 and was discontinued on 6/25/21.</p> <p>Per Resident #2's Medication Administration Record, Resident #2 was administered the full dose of Tramadol on 6/14/21 at 1:30 PM for a pain level of 2 and at 7:47 PM for a pain level of 3, on 6/15/21 at 8:29 AM for a pain level of 3, on 6/17/21 at 7:21 PM for a pain level of 5, on 6/18/21 at 10:44 AM for a pain level of 3, on 6/19/21 at 1:48 PM for a pain level of 3 and at 8:06 PM for a pain level of 3, on 6/20/21 at 8:33 AM for a pain level of 3 and at 7:10 for a pain level of 3, on 6/21/21 at 2:23 AM for a pain level of 5 and at 8:36 AM for a pain level of 4, on 6/22/21 at 1:18 PM for a pain level of 3, on 6/23/21 at 8:23 AM for a pain level of 3 and at 4:02 PM for a pain level of 3, and on 6/24/21 at 6:38 PM for a pain level of 5.</p> <p>Per record review, On 6/25/21, the same Tramadol order was re-ordered by the provider for an additional 14 days for Resident #2. Per Resident #2's Medication Administration Record, Resident #2 was administered the full dose of Tramadol for a reported pain level of 5 or below an additional 23 times before being discontinued on 7/10/21. On 7/10/21, the same Tramadol order was re-ordered for the 3rd time by the provider for an additional 14 days for Resident #2. Per Resident #2's Medication Administration Record, Resident #2 was administered the full dose of Tramadol for a reported pain level of 5 or below an additional 14 times before being discharged on 7/20/21.</p>	F 757	<p>TAG F 757 POC approved 10/26/21 by K. Ruffe/P. Cota</p>		

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F 757	<p>Continued From page 5</p> <p>Per interview on 10/12/21 at approximately 1:45 pm, the Administrator confirmed that these Tramadol administrations had been administered to Resident #2 without adequate indications.</p> <p>2. Per record review, resident #3 had an order for "Metoprolol Succinate Extended Release Tablet 50 milligrams - give 1 tablet by mouth one time a day for hypertension - hold for systolic (blood pressure) less than 100 and or AP (apical pulse) less than 60." Metoprolol is a medication that reduces hypertension and should be given for a wrist pulse of 60 beats per minute or higher, per the indications in the provider order. This order was placed by the provider on 7/31/21.</p> <p>Per Resident #3's Medication Administration Record, Resident #2 was administered the full dose of Metoprolol on 9/6/21 for a pulse of 55, on 9/10/21 for a pulse of 55, on 9/27/21 for a pulse of 56, on 9/28/21 for a pulse of 55, and on 10/7/21 for a pulse of 57.</p> <p>Per interview on 10/12/21 at approximately 1:45 pm, the Administrator confirmed that these Metoprolol administrations had been administered to Resident #3 without adequate indications.</p>	F 757		