

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 4, 2022

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 **complaint investigation** conducted on **January 5, 2022**. 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: 01/26/2022
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 01/05/2022
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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	INITIAL COMMENTS An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 1/5/22 at Barre Gardens Nursing and Rehabilitation. A regulatory violation was identified.	F 000	F580 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.	1/28/2022
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (ii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment	F 580	Resident # 1 no longer resides at this facility. All Residents have the potential to be affected by this alleged deficiency. A house wide audit of all charts has been conducted to ensure that all Residents that have Healthcare POA paperwork in their files have their HPOA listed as their first contact and that their POA status is indicated as well on the contact list. All licensed nurses, social worker and therapists were educated on the Change in Condition Policy which includes the notification of the responsible person of the Resident's change in condition, status and/or hospitalization. Random audits will continue weekly times 4 weeks and then monthly times 2 months on the contact lists, POA status for new admissions. Audits will be performed by the Administrator and/or designee. Results of the audits will be brought to the QAPI committee for review and recommendations.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: Administrator (X6) DATE: 1/27/2022

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 580	<p>Continued From page 1</p> <p>as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to notify the responsible person of a resident's change in condition, status, and/or hospitalization for 1 resident [Res. #1] of 5 sampled residents. Findings include:</p> <p>Per review of medical records, Res. #1 was admitted to the facility on 7/21/21 with diagnoses that include dementia and major depressive disorder. Per Nurse Practitioner notes, shortly after admission, the resident was assessed as 'a poor historian due to confusion and dementia'.</p> <p>A Review of Admission records for Res. #1 reveals the Initial Admission Application/Patient Information form dated the day of admission 7/21/21 includes the notation regarding contact information #1: [Power of Attorney's (POA)</p>	F 580	TAG F 580 POC Accepted on 02/03/22 by T. Dougherty/P. Cota	

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F 580	<p>Continued From page 2</p> <p>Name]". After a brief hospital stay, Res. #1's chart included a new Initial Admission Application/Patient Information form dated 8/13/21 that includes the notation "POA [POA's name]". After another hospital stay, a new Initial Admission Application/Patient Information form dated 9/11/21 was added that includes the notation "1st Notify: [POA's Name]". Res. #1's medical chart also includes an Advance Directive, dated 4/8/13, documenting the appointed health care agent as the resident's husband, and "if this agent is unavailable, unwilling, or unable to act as my agent, I appoint this person as my alternate agent: [POA's Name]". The Advance Directive was later updated, and included in the resident's medical record, to show that the resident's husband was deceased, leaving the sole appointed health care agent as [POA's Name].</p> <p>A review of the facility's "Change in a Resident's Condition or Status" policy under 'Policy Interpretation and Implementation' includes "Unless otherwise instructed by the resident, the Nurse Supervisor/Charge Nurse will notify the resident's family or representative [sponsor] when: There is a significant change in the resident's physical, mental, or psychosocial status" and "It is necessary to transfer the resident to a hospital /treatment center".</p> <p>Nursing Notes for Res. #1 dated 8/04/21 record "Patient continues to fail to thrive. Poor oral intake of fluids and food ...Reported some nausea this morning, no episodes of vomiting noted ...On call Provider notified and updated at this time patient is to be sent to CVMC ED [Emergency Department] for evaluation and treatment. Nursing reached out to [other family member-not First Contact/POA] went directly to Voice mail, left</p>	F 580		
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F 580	<p>Continued From page 3</p> <p>a discreet message to call the facility when able." There is no documentation that the First Contact/POA was notified that the resident was sent to the hospital.</p> <p>On 8/6/21 Nursing Notes reveal due to Res. #1 receiving the wrong medications, the resident was again sent to the hospital. Nursing Notes record "This nurse left a voice message for [other family member-not First Contact/POA] to call us back for an update in change in condition in her mom." There is no documentation that the First Contact/POA was notified of Res. #1's change in condition or that the resident was sent to the hospital.</p> <p>An Interdisciplinary Note on 8/11/21 records "Writer emailed [other family member-not First Contact/POA] regarding a Bed Hold Policy that needed her signature for [Res. #1], when she was sent out for a recent evaluation on 8/6/21. She was later admitted [to the hospital] and is still there. Asked [other family member-not First Contact/POA] to please email bed hold back as soon as she can". There is no documentation that the First Contact/POA was notified of the required form to ensure the resident had a space at the facility when h/she returned from the hospital.</p> <p>Nursing Notes dated 8/18/21 record "Resident's appetite remains poor. Staff encourages resident daily ...New orders noted and carried out. Did call [other family member-not First Contact/POA] to notify her of the new medication." There is no documentation that the First Contact/POA was notified of the change in medication/treatment.</p> <p>An interview was conducted with the facility's Administrator [ADM] on 1/5/22 at 11:40 AM. The</p>	F 580		

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F 580	Continued From page 4 ADM confirmed that Res. #1's medical record, including Initial Admission Application/Patient Information forms and Advance Directives, listed the POA's name as the First Contact and POA. The ADM confirmed that the First Contact/POA should have been notified when Res. #1 had a change in medication/treatment, a change in physical, mental, or psychosocial status, or when it was necessary to transfer the resident to a hospital /treatment center but was not.	F 580			