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

April 21, 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 investigation conducted on **March 30, 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

STATEMENT OF DEFICIENCIESAND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475037	A. BUILDING _____ B. WING _____	C 03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARRE GARDENS NURSING AND REHAB LLC	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 investigationof two facility reported events on 3/30/2022. The following regulatory deficiency was identified: F 689 Free of Accident Hazards/Supervision/Devices SS=E CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to provide adequate resident assessment and supervision to prevent falls for 2 of 3 sampled residents (Resident #2 and #3). Findings include: 1. Per record review, Resident #2 was admitted to the facility on 9/23/21 with functional quadriplegia (paralysis of all four limbs), abnormalgait and posture, and a history of repeated falls. Resident #2 was documented as having sustained falls on 9/23/21, 9/28/21, 11/23/21, 12/31/21, and 1/1/22 since being admitted to the facility. Per Resident #2's care plan for "ADL Self-Performance Deficient", Resident #2 requires two person assist with transfers via mechanical lift as of 12/7/21. Per Resident #2's care plan for "High Risk for Falls", an interventionwas added on 9/28/21 that reads "Bed to the lowest position with fall mats to each side	F 000 F 689	F689 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 the facility's continued compliance with applicable law. Residents #2 and #3 continue to reside at the facility. All Residents that are care planned by choice/behavior to place themselves on the floor and/or mats have the potential to be affected by this alleged deficiency. House wide audit of all Residents who are care planned as a behavior/choice to be on the floor has been completed and shown that all have assessments by the provider to determine how vulnerable they are to injury from dropping from a height of approximately 1.5 feet and the assessment takes into account their unique medical history and current physical status. Assessment added to care plans as well. All licensed nurses educated on the assessing/evaluating of these Residents care planned by choice/behavior to place themselves on the floor/mats after each incident occurs to determine if it was a behavior or a fall, and to assess for injury. Random weekly audits times 4 weeks and then random monthly audits times 2 months will occur for Residents who are care planned for behaviors/choice to be on the floor to ensure proper assessing/evaluating was done if/when this event occurred. Results of the audits will be brought to the QAPI committee for review and recommendations.	4/15/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature] MBA CHHA	Administrator	4/8/2022.

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475037	A. BUILDING _____ B. WING _____	C 03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARRE GARDENS NURSING AND REHAB LLC	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 689	Continued From page 1 allowing resident to roll onto floor as [they] wish. Staff will monitor offering assistance to get up off floor mats every 15 minutes." Another intervention was added on 1/3/22 that reads "resident chooses to crawl out of bed and onto mattress to floor". Per review of progress notes, a nursing note from 12/5/21 at 12:54 PM reads "activities director found resident on the floor (0850) about 3-4 feet from [their] bed, [they] had gone on mat then crawled to floor. [They were] on [their] stomach when she found [them]. she had put a pillow under [their] head. [Resident #2] was assisted back to bed with 2, [they] told [activities director] that '[their] hips were killing [them]'. later when this nurse asked [them] if [they were] having any pain [they] said [their] 'back hurt' ... called on call [name], she said that did not have to do incident report as this is care planned in for when [they] get on the mat." Per a nursing note on 12/8/21, "Resident then got out of bed onto [their] fall mats and crawled on [their] hands and knees to the hallway. Nursing staff assisted the resident back to bed for a second time, assuring resident was not hungry, wet, or in pain. Resident then put [themselves] on the mat by [their] bedside yet again and began to crawl towards the door once more..... Called DON (director of nursing), and made her aware of this behavior. She stated that as long as [their] needs are being met (i.e. toileted, fed, hydrated, comfortable), [they] could crawl around on the floor if [they] wished and it would not be seen as a fall." Per a nursing note on 2/10/22, "Resident lying on mat screaming out 'come here'. Resident crawled	F 689	**TAG F 689 POC Accepted by K. Ruffe/P. Cota**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475037	A. BUILDING _____ B. WING _____	C 03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARRE GARDENS NURSING AND REHAB LLC	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 689	Continued From page 2	F 689		

to the mat on the floor. Redirected resident." There are many other nursing notes of this nature in the resident record.

Per review of the facility's policy Managing Falls and Fall Risk, the policy states, "According to the MDS (minimum data set), a fall is defined as: unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of overwhelming external force ... Unless there is evidence suggesting otherwise, when a resident is found on the floor, a fall is considered to have occurred."

Per observation of Resident #2's room on 3/30/22 at approximately 10:30 AM, Resident #2 was in bed with the bed in a low position. Resident #2 was approximately 1-1.5 feet off of the ground. There were two fall mats approximately 3 feet wide laying parallel to each other on the floor beside the bed.

Per interview on 3/30/22 at approximately 12:00 PM, the DON stated that the care plans for residents who continually place themselves on the floor are a "work in progress". The DON confirmed that there is currently no expectation, process, or education provided for all nursing staff to perform an assessment when residents who are care planned for rolling onto floor mats from the bed are found on the mats to determine if the resident intentionally or unintentionally placed themselves there. The DON also confirmed that Resident #2 has not had any assessment performed to determine how vulnerable they are to injury from dropping from a height of 1-1.5 feet, taking into account their unique medical history and current physical status.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475037	A. BUILDING _____ B. WING _____	C 03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARRE GARDENS NURSING AND REHAB LLC	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 689	Continued From page 3 2. Per record review, Resident #3 was admitted to the facility on 3/22/21 with hemiplegia (paralysis of one side of the body), a history of repeated falls, muscle weakness, and difficulty walking. Resident #3 was documented as having sustained many falls since admission without major injury. Per Resident #3's care plan for "ADL Self-Performance Deficient", Resident #3 requires one to two person assist with transfers as of 11/7/21. Per Resident #3's care plan for "High Risk for Falls", an intervention was added on 4/14/21 that reads "[Resident #3] intentionally places self on fall matt. [They like] to grab [their] blanket and pillow off bed and lay on floor. Offer [Resident #3] help if needed and or wishes to get up into bed." Another intervention was added on 6/1/21 that reads "provided staff education on care plan changes for intentional crawling on floor. Staff to offer assistance back to bed with close monitoring." Per review of progress notes, a nursing note on 1/23/22 reads "[Resident #3] found prior to supper on the floor lying on [their] mat, was able to assist 2 staff up onto [their] feet and into [their] chair for supper." There was no follow up for falls or care plan revisions following this incident, per the record. There are many other notes of this nature in the resident record. Per review of the facility's policy Managing Falls and Fall Risk, the policy states, "According to the MDS (minimum data set), a fall is defined as: unintentionally coming to rest on the ground, floor, or other lower level, but not as a result of overwhelming external force ... Unless there is evidence suggesting otherwise, when a resident is found on the floor, a fall is considered to have	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475037	A. BUILDING _____ B. WING _____	C 03/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARRE GARDENS NURSING AND REHAB LLC	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 689	Continued From page 4 occurred." Per interview on 3/30/22 at approximately 12:00 PM, the DON stated that the care plans for residents who continually place themselves on the floor are a "work in progress". The DON confirmed that there is currently no expectation, process, or education provided for all nursing staff to perform an assessment when residents who are care planned for rolling onto floor mats from the bed are found on the mats to determine if the resident intentionally or unintentionally placed themselves there. Per observation of Resident #3's room on 3/30/22 at approximately 12:30 PM, Resident #3's bed was in a low position. Had Resident #3 been in bed at the time, Resident #3 would have been approximately 1-1.5 feet off of the ground. There was one fall mat approximately 3 feet wide laying on the floor beside the bed. Per interview on 3/30/22 at approximately 1:45 PM, the DON confirmed that Resident #3 has not had any assessment performed to determine how vulnerable they are to injury from dropping from a height of 1-1.5 feet, taking into account their unique medical history and current physical status.	F 689		