

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

June 7, 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 **May 26, 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,

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

Pamela M. Cota, RN  
Licensing Chief

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 05/26/2022
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)	(X6) COMPLETION DATE
F 000	INITIAL COMMENTS  The Division of Licensing and Protection conducted an onsite, unannounced investigation of two complaints along with staff vaccination requirement review on 5/23/22. Additional investigation activities took place from 5/24/22-5/26/22. The following regulatory deficiency was identified:	F 000	The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. This plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law.	6/9/22
F 687 SS=D	Foot Care CFR(s): 483.25(b)(2)(i)(ii)  §483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that residents receive assistance with transportation to and from appointments with a qualified person so that residents maintain good foot health for one of five residents (Resident #1). Findings include:  1. Per review of outpatient consultation records, Resident #1 attended an outpatient appointment with a podiatrist on 12/23/21 for a chief complaint of "Left Foot - follow-up, wound care and Right Foot - follow-up." This was a follow-up	F 687	Resident #1 no longer resides at the facility. All Residents that require foot care with a qualified person outside of the facility have the potential to be affected by this alleged deficiency.  A House wide audit was conducted on all Residents in house to determine if they had gone to see a foot specialist in 2022, and if so, was a follow up recommended, and scheduled.  A tracker will be performed weekly on any Resident going to an appointment and tracking if a follow up is recommended and scheduled.  Education provided to the staff members who provide appointment scheduling and transportation scheduling on this new process.  Random audits of this tracker will be performed by the Administrator and/or designee weekly times 4 and then monthly times 2.  Results of these audits will be brought to the QAPI committee for review and recommendations.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Handwritten Signature]*

TITLE

Administrator

(X6) DATE

6/6/2022

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.

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

PRINTED: 06/03/2022  
FORM APPROVED  
OMB NO. 0938-0391

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F 687	<p>Continued From page 1</p> <p>appointment to a previous podiatry appointment for right 4th toe osteomyelitis (swelling of the bone). Per the Podiatrist's notes under the "Assessment/Plan" section, Resident #1 was noted to also have "blister left foot, initial encounter - at area of prior hallux amputation (big toe amputation site)." Under the instructions section, the notes state, "Return in about 2 weeks for wound care." Per review of the patient After Visit Summary from 12/23/21, there were four follow-up appointments listed as scheduled with the Podiatrist on 1/7/22 at 8:45 AM, 1/21/22 at 9:15 AM, 2/3/22 at 9:15 AM, and 2/17/22 at 11:00 AM.</p> <p>Per record review, there is no mention of Resident #1 attending any of the four scheduled podiatry appointments between their 12/23/21 podiatry appointment and their discharge to the hospital on 2/27/22. There are no follow-up notes from the podiatry clinic in Resident #1's chart for any of the four scheduled visits.</p> <p>Per hospital record review, Resident #1 was discharged on 2/27/22 to the hospital following complaints of pain at the site of their nephrostomy tube (a tube that drains urine from the kidney). While at the hospital, hospital staff discovered that Resident #1 had lower left extremity pain that had been worsening over the last 2-3 days, per the Resident. Resident #1 was subsequently diagnosed with sepsis (an infection complication) secondary to left lower extremity cellulitis (infection of the skin). Per review of the inpatient podiatry consultation note from 2/28/22, Resident #1 was found to have a left great toe ulcer with concern for possible infection. The consulting</p>	F 687	<p><b>TAG F 687 POC Accepted on 06/06/22 by K. Ruffe/P. Cota</b></p>	

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F 687	<p>Continued From page 2</p> <p>podiatrist was the same provider who saw Resident #1 at an outpatient appointment on 12/23/21. Per the podiatry consultation note on 2/28/22, the note states, "Patient has a recent history of right 4th toe osteomyelitis ... a course of PO (by mouth) antibiotics ... that was completed on January 7th. However, patient has been lost to follow-up and has not presented to any clinic appointments since that time."</p> <p>Per interview on 5/23/22 at approximately 4:00 PM, the Administrator confirmed that records show the four podiatry follow-up appointments scheduled between 12/23/21 and 2/27/22, but that there was no evidence of Resident #1 attending these appointments.</p> <p>Per information provided via email on 5/25/22, the Administrator stated that they spoke with the podiatry office and confirmed with them that the appointments on 1/21/22 and 2/17/22 were listed as "no-shows" in their appointment system. They also confirmed, per the Administrator, that the appointment on 1/7/22 was listed as "cancelled" but it isn't clear by whom. There was no information provided about the appointment on 2/3/22.</p> <p>Per phone interview on 5/26/22 at approximately 12:00 PM, a Quality Consultant from the hospital where the podiatry office is located obtained and provided the following information for all of Resident #1's podiatry appointments and their documented reasons for non-attendance:</p> <p>- Appointment on 1/7/22 - listed as "patient cancelled", office note states "Barre Gardens</p>	F 687		

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F 687	<p>Continued From page 3</p> <p>cancelled and needs to reschedule for next week."</p> <ul style="list-style-type: none"> <li>- Appointment on 1/11/22 - listed as "patient cancelled", office note states "it's too cold outside." It was not clear if this was the words of the facility or the Resident.</li> <li>- 1/21/22 - listed as a no show.</li> <li>- 2/3/22 - listed as "patient cancelled", office note states "patient has COVID."</li> <li>- 2/17/22 - listed as a no show.</li> </ul> <p>The Quality Consultant also shared that the staff in the podiatry office stated that the appointment system can only categorize a cancellation as a "patient cancellation" or an "office cancellation" but that the Resident themselves did not call to cancel any of the appointments and the office only spoke with staff at the facility.</p>	F 687			