

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

August 17, 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 survey conducted on July 27, 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: 06/03/2022
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 07/27/2022
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)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	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.		
F 555 SS=D	Right to Choose/Be Informed Attending Physician CFR(s): 483.10(d)(1)-(5) §483.10(d) Choice of Attending Physician. The resident has the right to choose his or her attending physician. §483.10(d)(1) The physician must be licensed to practice, and §483.10(d)(2) If the physician chosen by the resident refuses to or does not meet requirements specified in this part, the facility may seek alternate physician participation as specified in paragraphs (d)(4) and (5) of this section to assure provision of appropriate and adequate care and treatment. §483.10(d)(3) The facility must ensure that each resident remains informed of the name, specialty, and way of contacting the physician and other primary care professionals responsible for his or her care. §483.10(d)(4) The facility must inform the resident if the facility determines that the physician chosen by the resident is unable or unwilling to meet requirements specified in this part and the facility seeks alternate physician participation to assure provision of appropriate and adequate care and treatment. The facility must discuss the alternative physician participation with the resident and honor the	F 555	Results of all listed audits will be brought to the QAPI committee for review and recommendations. Resident #1 was discharged from the facility. All Residents have the potential to be affected by this alleged deficiency. Education will be provided to nurses that Residents have the right to choose their own physician. The Right of choice of attending physician was reviewed at Resident Council on 8/5/22 with the Residents by the Administrator, with their permission/invite. Education to the nurses and admissions department and social services will be provided on how to assist a Resident in changing their physician should they request a change. A house wide audit will be conducted with all Residents (and/or their representative) to determine that they are aware of who their physician is and to remind them of their right to choose their attending physician.	8/15/22	

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

TITLE

(X6) DATE

[Signature] Administrator 8/15/2022

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 555	<p>Continued From page 1 resident's preferences, if any, among options.</p> <p>§483.10(d)(5) If the resident subsequently selects another attending physician who meets the requirements specified in this part, the facility must honor that choice. This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the facility failed to allow 1 applicable resident (Resident #1) to choose his/her attending physician. Findings include:</p> <p>Resident #1 was admitted to the facility on 3/31/2022 for short-term rehab following several falls at home. The resident inquired whether s/he could continue to have his/her care provided by his/her own Primary Care Physician (PCP). There is no evidence in the medical record to indicate that the facility reached out to the PCP to determine if the PCP would be willing to see the resident while s/he was temporarily living in the facility.</p> <p>There is a nursing note dated 4/2/2022 in which the Registered Nurse (RN) stated that the resident told her that the facility was not following the regulations regarding his/her ability to choose his/her own physician. The RN told the resident that as long as s/he was in the facility, s/he would be followed by the facility physician and that once s/he was discharged s/he could resume care with his/her PCP.</p> <p>Per interview on 7/27/22 at approximately 12:05pm the Interim Director of Nursing confirmed that the resident had erroneously been told that s/he could not have his/her own PCP</p>	F 555	<p>Random Audits will be performed on new admits to determine they are aware of their MD and right to choice of MD, weekly times 4 weeks and then monthly times 2 months.</p> <p>F555 POC accepted 8/11/22 LovellRN/HML</p>	

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F 555	Continued From page 2 see them while they were in the facility.	F 555			
F 635 SS=D	<p>Admission Physician Orders for Immediate Care CFR(s): 483.20(a)</p> <p>§483.20(a) Admission orders At the time each resident is admitted, the facility must have physician orders for the resident's immediate care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to obtain a signed physician's order for 1 applicable resident (Resident #1) related to dietary needs upon admission. Findings include:</p> <p>Resident #1 was admitted to the facility on 3/31/2022 for short term rehab following several falls at home. The resident had diagnosis which included Insulin Dependent Diabetes. Per review of the medical record there was no physician order related to the dietary needs of the resident.</p> <p>In reviewing the Transition of Care (TOC) from the hospital to the nursing home, there were no dietary orders listed in the document. When nursing staff transcribed the orders from the hospital and inputted them into the computer at the nursing home, the nurse did not question why there were no dietary orders. A second nurse who confirms that the orders are correct also did not question why there were no dietary orders.</p> <p>The facility physician saw the resident on the day of admission and in the admission note, there is no mention of a what the dietary orders should be for this resident. The Registered Dietician did not see the resident during the time the resident was in the facility.</p>	F 635	<p>Resident #1 has been discharged from this facility. All Residents have the potential to be affected by this alleged deficiency.</p> <p>Education will be provided to the nurses and dietary department that all Residents require a physician order for their diet.</p> <p>A house wide audit will be performed to determine that all Residents have a diet in their physician orders.</p> <p>Random audits will be performed on new admissions to determine they have a diet order weekly times 4 weeks and then monthly times 2 months.</p> <p>F635 PDC accepted 8/11/22 L Lovell RA/MLC</p>	8/15/22	

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F 635	Continued From page 3	F 635			
	<p>Throughout the residents stay s/he questioned whether s/he was getting a therapeutic diet to address his Diabetes. The resident filed a formal grievance with the facility regarding several issues including his dietary concerns. On 4/4/2022 the Director of Nursing (DNS) wrote in the corrective action related to the grievance that the resident was not prescribed a Diabetic Diet and that s/he could choose not to eat certain foods. The Administrator signed the grievance and indicated the issues were resolved to the satisfaction of the resident.</p> <p>Per interview on 7/27/22 at approximately 12:10pm the Interim Director of Nursing confirmed that the resident had no signed physician order related to his/her dietary needs for the 5 days that the resident lived in the facility.</p>				
F 800 SS=D	<p>Provided Diet Meets Needs of Each Resident CFR(s): 483.60</p> <p>§483.60 Food and nutrition services. The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure each resident receives a diet that meets any special dietary needs, specifically for 1 applicable resident (Resident #1). Findings include: Per record review, Resident #1, who has</p>	F 800	<p>Resident #1 has been discharged from this facility. All Residents who have special dietary needs and/or preferences have the potential to be affected by this alleged deficiency.</p> <p>Education will be provided to nurses, LNAs and dietary staff that the provided diet must meet the needs of each Resident.</p> <p>A house wide audit of all Residents with special dietary needs and/or preferences will be conducted to ensure their diet meets their needs.</p> <p>Random audits will be conducted to determine that Residents will special dietary needs and/or preferences are receiving a diet that meets their needs, weekly times 4 weeks and then monthly times 2 months.</p> <p>F800 POC accepted 8/11/22 Unvell RN/Prn</p>	8/15/22	

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F 800	Continued From page 4 diagnoses of Insulin Dependent Diabetes, did not receiving a diet that meets the special dietary needs of the resident. Throughout the resident's stay s/he questioned whether s/he was getting a therapeutic diet to address his Diabetes. The resident filed a formal grievance with the facility regarding several issues including his dietary concerns. On 4/4/2022 the Director of Nursing (DNS) wrote in the corrective action related to the grievance that the resident was not prescribed a Diabetic Diet and that s/he could choose not to eat certain foods. The Administrator signed the grievance and indicated the issues were resolved to the satisfaction of the resident. The facility was unable to provide any evidence such as a dietary card with what the resident ate during his/her stay. There was no evidence that the resident received a therapeutic diet that the contained the appropriate foods for his/her Insulin Dependent Diabetes diagnosis. Per interview on 7/27/22 at approximately 12:10pm the Interim Director of Nursing confirmed that the resident had no signed physician order related to his/her dietary needs for the 5 days that the resident lived in the facility and there was no evidence that s/he received a therapeutic diet to meet his special dietary needs.	F 800		
F 808 SS=D	Therapeutic Diet Prescribed by Physician CFR(s): 483.60(e)(1)(2) §483.60(e) Therapeutic Diets §483.60(e)(1) Therapeutic diets must be prescribed by the attending physician.	F 808	Resident # 1 has been discharged from the facility. All Residents with specific dietary needs have the potential to be affected by this alleged deficiency. Education will be provided to nurses that all Residents with specific dietary needs require a MD order for a therapeutic diet. A house wide audit of all Residents with special dietary needs will be performed to determine that they have a physician order for a therapeutic diet.	8/15/22

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F 808	<p>Continued From page 5</p> <p>§483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews and record review, nurses failed to obtain complete diet orders for 1 applicable resident with specific dietary needs. (Resident #1). Findings include:</p> <p>Per record review on 3/31/2022, Resident #1, was admitted to the facility with a medical condition (Insulin Dependent Diabetes) requiring the use of a specific therapeutic diet. When nursing staff transcribed the orders from the hospital and inputted them into the computer at the nursing home, the nurse did not question why there were no dietary orders. A second nurse who confirms that the orders are correct also did not question why there were no dietary orders. No orders related to diet were ever obtained for the resident for the 5 days he remained in the facility.</p> <p>The facility physician saw the resident on the day of admission and in the admission note, there is no mention of a what the dietary orders should be for this resident. The Registered Dietician did not see the resident during the time the resident was in the facility</p> <p>The facility was unable to provide any evidence such as a dietary card, with what the resident ate during his/her stay. There was no evidence that the resident received a therapeutic diet that the contained the appropriate foods for his/her</p>	F 808	<p>Random audits will be performed on new admits that have special dietary needs to ensure they have a physician order for a therapeutic diet, weekly times 4 weeks, and then monthly times 2 months.</p> <p>F808 POC accepted 8/11/22 Lovell RN/AMC</p>		

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F 808	Continued From page 6 Insulin Dependent Diabetes diagnosis. Per interview on 7/27/22 at approximately 12:10pm the Interim Director of Nursing confirmed that the resident had no signed physician order related to his/her dietary needs for the 5 days that the resident lived in the facility and there was no way to determine if he received a therapeutic diet.	F 808			