



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

December 13, 2022

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

Dear Ms. Moxley:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on November 21, 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

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

PRINTED: 11/30/2022
FORM APPROVED
OMB NO. 0938-0391

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|--|--|---|--|---|
| 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 11/21/2022 |
| 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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| 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. Barre Gardens has prepared and executed a plan of correction as evidence of the facility's continued compliance with applicable law. | 12/20/22 |
| F 656 SS=D | Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and | F 656 | F 656 Residents #5 and #7 continue to reside at the facility and have a care plan in place to manage their RSV. Residents who have RSV infection are potentially at risk due to this alleged deficient practice. A house wide audit was conducted for residents with RSV infection to ensure a care plan is in place to manage the infection. Licensed nurses were educated on the development and implementation of resident comprehensive care plans, to include RSV infection. DNS or designee will conduct random audits of care plans pertaining to RSV infection weekly X 4 weeks and monthly X 2. The audit results will be reviewed at QAPI for further interventions if needed. | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Amanda C. [Signature]* TITLE Administrator (X6) DATE 12/8/22

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 656 | <p>Continued From page 1 desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and medical record review the facility failed to implement comprehensive care plans for 2 of 3 residents sampled (Resident #5 and #7) as evidenced by the following findings.</p> <p>1. 11/21/22 at 10:10 AM observation of resident rooms, the rooms of resident # 5 and resident # 7 are noted to have yellow carts outside of the door of both rooms. On the outside of both doors were posted instructions for Contact precautions.</p> <p>On record review for resident #5 it was noted that resident is being treated for Respiratory syncytial virus (RSV). RSV is a common respiratory virus that causes mild, cold like symptoms. In infants and elderly people, it can develop to serious illness. It is easily transmitted person to person.</p> <p>Record review for resident #7 revealed that this</p> | F 656 | | | |

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| F 656 | Continued From page 2 resident was also being treated for RSV. It was noted that both resident # 5 and resident #7 did not have comprehensive care plans related to RSV infection and necessary transmission-based precautions and interventions related to this illness. Per interview on 11/21/22 at 3:20 PM, the Director of Nursing (DON) confirms that both Resident #5 and Resident #7 did not have comprehensive care plans for RSV infections, and the DON also confirmed that it is expected to be in the care plan. | F 656 | Tag F656 POC Accepted on 12/13/2022 by K.Ruffe/P.Cota | | |
| F 657 SS=E | Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in | F 657 | F 657 Residents #1, #2 and #17 continue to reside at the facility and their care plans have been revised with updated interventions to help manage their risk for falls or injuries. Residents who have falls are potentially at risk due to this alleged deficient practice. A house wide audit was conducted for residents with current falls to evaluate updated interventions to manage their risk for falls or injuries. Residents with falls will be evaluated by the IDT team in clinical morning meeting to ensure new interventions are in place to reduce the risk of falls or injuries. Licensed nurses were educated on the Falls Management Policy, and the importance of including new or revised interventions to prevent further falls. | 12/20/22 | |

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| F 657 | <p>Continued From page 3</p> <p>disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interview, staff interview, and record review, the facility failed to revise the care plans for 3 of 4 sampled residents (Residents #1, #2, and #17) around falls and prevention of injury from falls. Findings include:</p> <p>1. Per interview on 11/21/2022 at approximately 12:00 PM, Resident #1 stated that they were in the bathroom at one time during their admission with two staff members when their knee gave out and they lost their balance. The two staff members had to lower them to the floor for safety.</p> <p>Per record review, a nursing progress note from 11/4/2022 at 2:55 PM states, "LNA (licensed nursing assistant) reported that the patient has lost [their] balance in the bathroom, while trying to get into [their] wheelchair, and needed to be lowered down to the floor."</p> <p>Per review of Resident #1's fall care plan, there are no changes to the care plan or updated interventions added following the 11/4/2022 lowering to the ground.</p> <p>Per interview on 11/21/2022 at approximately 3:30 PM, The DON (Director of Nursing) stated that the facility's definition of a fall includes being lowered to the floor by staff due to a loss of</p> | F 657 | <p>DNS or designee will conduct random audits of fall care plans weekly X 4 and monthly X 2.</p> <p>The audit results will be reviewed at QAPI for further interventions if needed.</p> <p>Tag F657 POC Accepted on 12/13/2022 by K.Ruffe/P.Cota</p> | | |

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| F 657 | <p>Continued From page 4</p> <p>balance. The DON also confirmed that Resident #1's fall from 11/4/2022 is considered a fall and that the care plan should have been updated to include new interventions to prevent further falls of that nature.</p> <p>2. Per record review, a nursing progress note from 11/5/2022 at 7:08 PM in Resident #2's chart reads, "Resident was found sitting on the floor close to [their] bed in [their] room. Resident reported that [they] wanted to move from [their] bed to [their] wheelchair, but wheelchair moved away from [them], and [they] fell."</p> <p>Per review of Resident #2's care plan, there are no changes to the care plan or updated interventions added following the 11/5/2022 lowering to the ground.</p> <p>3. Record review for resident # 17 reveals the resident had a fall on 10/17/22 at 9:30 pm. Further review of the care plan reveals there were no revisions or interventions added to the care plan after this fall.</p> | F 657 | | | |