VERMONT

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

May 24, 2023

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 recertification survey conducted on **April 26, 2023.** 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

Pamela M. Cota, RN
Licensing Chief

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 04/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARRE GARDENS NURSING AND REHAB LLC	378 PROSPECT STREET BARRE, VT 05641

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E 000	Initial Comments The Division of Licensing and Protection conducted an emergency preparedness review during the annual recertification survey on 4/26/23. There were no regulatory violations identified.	E 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.	5/24/2023
F 000	INITIAL COMMENTS An unannounced, on-site, off-hours, re-certification survey and staff vaccination review was conducted by the Division of Licensing and Protection on 4/24/23 through 4/26/23 at Barre Gardens Nursing and Rehabilitation Center. The following regulatory violations were identified:	F 000		
F 623 SS=B	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be	F 623	Residents #18 and #66 continue to reside at the facility and had no ill effects from this alleged deficient practice. All residents who require transferring to the emergency department are at risk for this alleged deficient practice. A house wide audit was conducted of residents who discharged in the last month to evaluate transfer notification in writing to the resident and/or responsible party, including a copy of the notification to the ombudsman.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Amanda Cleaves	Administrator	05/16/2023

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 623	Continued From page 1 made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related	F 623	Admissions director, unit managers, social services and licensed nurses will be educated on the process regarding written notification of transfer/discharge. The DNS or designee will conduct random weekly audits X 4 and monthly X 2 to evaluate written notification of resident's transfer/discharge, including copies sent to the ombudsman. The audit results will be reviewed at QAPI for further interventions if needed. **Tag F 623 POC accepted on 5/24/23 by T. Dougherty/P. Cota**	

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F 623	Continued From page 2 disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review the facility failed to notify the resident and/or resident's representative in writing of a transfer/discharge; and send a copy of the notice to the Ombudsman (public official appointed to	F 623		

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F 623	Continued From page 3 investigate complaints made against government and /or public organizations) for 2 of 2 applicable residents (Residents #18 and 66). As evidenced by: 1.Per record review Resident #18 on 4/5/23 experienced acute respiratory symptoms and was transferred to an acute care hospital where s/he was admitted for care. Resident #18 was readmitted to the facility on 4/19/23. Per request on 4/25/23 at approximately 2:15 pm with the business office manager s/he provided a copy of the transfer notice for Resident #18. A transfer notice with 4/5/23 noted as the sent out date and 4/18/23 as the date of notice. . The business office manager stated s/he were unaware of the need to provide written notification of transfer/discharge to the Ombudsman. 2. Per record review, Resident #66 was transferred to the hospital on 12/30/22 and 2/25/23 for congestive heart failure exacerbation. Transfer notices were provided to Resident #66. Per interview on 4/25/23 at approximately 2:15 pm with the business office manager s/he stated that s/he was unaware of the need to provide written notification of transfer/discharge to the Ombudsman and that copies of the transfer notices were not provided to the Ombudsman.	F 623		
F 625 SS=B	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to	F 625	Residents #18 and #66 continue to reside at the facility and had no ill effects from this alleged deficient practice. All residents who require bed-hold notices are at risk for this alleged deficient practice.	

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F 625	Continued From page 4 the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to provide a written bed-hold notice upon transfer to 2 applicable residents (Residents #18, and #66) or the resident's representative(s). As evidenced by: 1.Per record review Resident # 18 was transferred to an acute care hospital on 4/5/23 where s/he received care through 4/20/23. On 4/25/23 at approximately 2:15 the business manager provided a copy of the signed bed hold polidy with 4/5/23 as the date Resident #18 was sent out and 4/20/23 as the date of signature which is the date the resident returned to the facility.	F 625	A house wide audit was conducted of residents who transferred to the hospital in the last month to evaluate the provision of the bed-hold notices in writing upon transfer to the hospital or LOA to include information regarding duration of bed hold, reserved bed payment, and return policy. Admissions director, unit managers, social services and licensed nurses will be educated on the process of having the Notice of Bed-Hold in writing at the time of transfer. The DNS or designee will conduct random weekly audits X 4 and monthly X 2 to evaluate a timely Notice of Bed-Hold process at the time of transfer. The audit results will be reviewed at QAPI for further interventions if needed. **Tag F 625 POC accepted on 5/24/23 by T. Dougherty/P. Cota**	

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F 625	Continued From page 5 2. Per record review, Resident #66 was transferred to the hospital for congestive heart failure exacerbation on 12/30/22 and returned to the facility on 1/10/23. A copy of the signed bed hold notice provided to Resident #66 shows that Resident #66 signed the notice on 1/10/23 and the date of notice is listed as 1/10/23. Resident #66 was again transferred to the hospital for the same reason on 2/25/23 and returned on 3/1/23. A copy of the signed bed hold notice provided to Resident #66 shows that Resident #66 signed the notice on 3/1/23 and the date of notice is listed as 2/28/23. Per interview on 4/25/23 at approximately 1:30 PM, the Business Office Manager confirmed that the bed hold notice for resident #18 was not provided to the resident until after the resident had returned from the hospital, and confirmed that both bed hold notices for Resident #66 were not provided to or signed until after the resident had returned to the facility.	F 625		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record	F 695	Residents #66 continues to reside at the facility and had no ill effects from this alleged deficient practice. All residents who require respiratory care are at risk for this alleged deficient practice.	

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F 695	Continued From page 6 review, the facility failed to ensure that residents who need respiratory care are provided such care consistent with professional standards of practice and the comprehensive person-centered care plan for one of 23 residents (Resident #66). Findings include: Per record review, Resident #66 has diagnoses of Congestive Heart Failure and Respiratory Failure with Hypoxia (low oxygen in the blood). Resident #66 has orders for "supplemental oxygen via nasal cannula, continuous at 1 L/min" placed on 3/1/2023 and "may start oxygen at 2 L/min via nasal cannula if oxygen saturation < 90% and call MD" placed on 12/12/2022. Resident #66 has a care plan for "respiratory failure with hypoxia" with an intervention for "oxygen as ordered" placed on 3/1/23. Per observation on 4/25/23 at approximately 10:00 AM, Resident #66 was not in their room. Their oxygen concentrator next to their bed was set to an oxygen flow rate of 3.5 L/min. As the surveyor was observing the oxygen concentrator, Resident #66 came into the room visibly short of breath. Resident #66 did not have any portable oxygen with them as they entered the room. They were accompanied by a nurse. The nurse was encouraging Resident #66 to breathe and placed the nasal cannula on Resident #66. The nurse did not adjust the oxygen flow rate. Per observation on 4/25/23 at approximately 11:00 AM, Resident #66 was sitting on their bed with their oxygen tubing on. The oxygen concentrator was running at 3.5 L/min. Per observation on 4/25/23 at approximately 12:30 PM, Resident #66 was being encouraged	F 695	A house wide audit was conducted of current residents who require oxygen to evaluate provision of oxygen per the physician's order, and the availability and use of portable oxygen. The nursing staff will be educated regarding the provision of oxygen per the physician's order, and the availability and use of portable oxygen. The DNS or designee will conduct random weekly audits X 4 and monthly X 2 to evaluate the provision of oxygen per the physician's order, and the availability and use of portable oxygen. The audit results will be reviewed at QAPI for further interventions if needed. **Tag F 695 POC accepted on 5/24/23 by T. Dougherty/P. Cota**	

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F 695	Continued From page 7 by an LNA (licensed nursing assistant) to come to the dining room for lunch. The LNA did not encourage Resident #66 to take portable oxygen with them to the dining room. The LNA escorted Resident #66 down to the dining room with no oxygen. An inspection of Resident #66's room by this surveyor did not reveal any portable oxygen containers for Resident #66's use outside of the room. Per observation and interview with the UM (unit manager) on 4/25/23 at approximately 2:00 PM, they confirmed that Resident #66's oxygen flow rate was set to 3.5 L/min, which is well above what they are ordered for. The UM located a refillable portable oxygen device in the corner of Resident #66's roommate's side of the room, obstructed from view by other medical equipment. The UM confirmed that the portable oxygen device was empty, and that LNAs should be filling up the oxygen every night. This surveyor asked the UM how LNAs would know that this is a required task of them. The UM confirmed this expectation is nowhere in the LNA task list or care plan for Resident #66. Finally, the UM confirmed that staff should be ensuring that Resident #66 has portable oxygen available to them at all times when out of their room.	F 695		
F 732 SS=C	Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4) §483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked	F 732	Nurse staff information is posted daily in the glass case located in front lobby. The facility immediately implemented an updated daily staffing sheet as required to include the actual hours worked by licensed nurses and licensed nursing assistants (LNAs).	

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F 732	Continued From page 8 by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. §483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. §483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. §483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to post nurse staffing information on a daily basis that includes the actual hours worked by licensed and unlicensed nursing staff directly responsible for resident care per shift. Findings include: Per observation on 4/24/23 at approximately	F 732	Staff scheduler and on-call managers have been educated on the updated daily staff sheet, and the importance of posting the nursing staff Information daily. The administrator or designee will audit daily staffing sheet posting 5 X per week for 4 weeks and then 5 X per month for 2 months to ensure posting is current per regulation. The audit results will be reviewed at QAPI for further interventions if needed. **Tag F 732 POC accepted on 5/24/23 by T. Dougherty/P. Cota**	

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F 732	Continued From page 9 12:00 PM, the posted daily nurse staffing information included all required pieces of information except for the actual hours worked by the required categories of licensed and unlicensed nursing staff. Observations of the daily postings for 4/25/23 and 4/26/23 also did not include actual hours worked. Per interview on 4/26/23 at approximately 12:00 PM, the Administrator confirmed that the daily nurse staffing postings did not include actual hours worked.	F 732		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to store, prepare, distribute and	F 812	All residents who reside in the facility are at risk for this alleged deficient practice. Food is being stored, labeled, and temperatures taken in accordance with professional standards for food service safety. The dishwasher temperatures, the 3 bay sink sanitizer level and food temperatures are being documented and monitored. All dietary staff have been educated regarding storage and labeling of food, as well as documenting and monitoring dishwasher temperatures, 3 bay sink sanitizer levels and food temperatures.	

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F 812	Continued From page 10 serve food in accordance with professional standards for food service safety. Findings include: During the initial tour of the kitchen accompanied by the morning cook on 4/24/23 at 6:10 AM, the following observations were made: In the walk-in refrigerator: 1. Two plastic containers of prepared salad were uncovered and unlabeled. 2. A metal container of cooked chicken was unlabeled and uncovered. 3. A plastic container of brown gravy was uncovered and unlabeled. 4. A large bowl of cooked pasta and meat was unlabeled. The above observations were confirmed by the morning cook on 4/24/23 at 6:18 AM. Per review of kitchen documentation on 4/25/23, the following was noted: 1. There is no evidence of dishwasher temperatures being monitored for January 2023. 2. There is no evidence of 3 bay sink sanitizer level monitoring for January 2023. 3. Food temperature monitoring was missing and/or incomplete on 17 occasions in January; 47 occasions in February and 6 occasions in March 2023. This was confirmed by the facility Administrator on 4/25/23 at 10:20 AM.	F 812	The administrator or designee will conduct 3 random audits per week X 4 weeks, and random monthly audits to evaluate whether food is being stored and labeled, and that dishwasher temperatures, 3 bay sink sanitizer levels, and food temperatures are being documented and monitored in accordance with professional standards for food service safety. The audit results will be reviewed at QAPI for further interventions if needed. **Tag F 812 POC accepted on 5/24/23 by T. Dougherty/P. Cota**	