



**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 26, 2023

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

Provider #: 475037

Dear Ms. Moxley:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **May 2, 2023**. Please post this document in a prominent place in your facility.

We will 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 "tammy wehmeyer".

Tammy Wehmeyer  
Administrative Services Manager

Enclosure

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

PRINTED: 05/08/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/02/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BARRE GARDENS NURSING AND REHAB LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>378 PROSPECT STREET BARRE, VT 05641</b>
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(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
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K 000	INITIAL COMMENTS  The Division of Fire Safety completed an unannounced Life Safety Code inspection April 25, 2023 and completed on May 2, 2023. Entry and exit interviews were conducted with the Administrator, Maintenance Director and Assistant Maintenance Director. The following violations were identified.	K 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.	
K 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: A walkthrough was conducted on April 25, 2023, 9:30 AM with Mark Roy, Maintenance Director and A. Moxley, LNHA and on May 2, 2023 the deficiencies were discussed with the Assistant Maintenance Director and the Administrator. Sprinkler System maintenance and Testing has	K 353	All residents who reside in the facility are at risk for this alleged deficient practice.  Upon identification of the alleged deficient practices, the facility completed the following actions to ensure the issues that could cause any potential harm to occur is corrected.  1. The facility immediately contacted Alpine, the company who last inspected the facility's sprinkler system in February of 2023, to have them inspect the fire pump. Alpine confirmed that the facility fire pump is functioning properly. They greased the bearings, adjusted the packing, and trained the maintenance director on how to properly run and test the fire pump. Fire pump cycling is scheduled 1 day per week X 6 weeks and then 1 time per month per regulation. Documentation on cycling available.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Amanda Luatny* TITLE *Administrator* (X6) DATE *05/17/2023*

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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K 353	Continued From page 1 not been met. Findings include the following:  1. No documentation of the electric fire pump regular monthly testing was available at the time of the onsite. Training was conducted by the Fire Pump vendor on April 27, 2023, of the new facility director.  2. As determined by the Vendor report of 2/20/2023, the relief port on the RPZ device is impaired, with a constant drip.  3. Sprinkler heads dated 1972 are replaced or successfully sampled within the last 10 years. This was not met as determined by Vendor Report of 12/17/2021.	K 353	2. Per Alpine, the constant drip found on the RPZ device is supposed to exist for lubrication of shaft.  3. The maintenance director immediately contacted Alpine to service the sprinkler system. The facility is scheduled to have the sprinkler system inspected on June 8, 2023. If the inspection results are "good", the sprinklers won't have to be replaced for ten years. If inspection results are "bad", then the facility will replace defective sprinkler heads.  The inspection results will be reviewed at QAPI for further interventions if needed.   K353 Accepted 5/23/2023 M.Steele/T.Wehmeyer	