

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

January 10, 2019

Mr. Allen Yearick, Administrator Woodridge Nursing Home P.O. Box 550 Barre, VT 05641-0550

Dear Mr. Yearick:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 19, 2018.** 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

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

PRINTED: 12/31/2018 FORMAPPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		352 362	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		475045	B. WING	·	12/19/2018
NAME OF PROVIDER OR SUPPLIER WOODRIDGE NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE P.O. BOX 550 BARRE, VT 05641	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETION
F 000	INITIAL COMMEN	rs	FO	Complaint Survey F Tags	
F 557 SS=E	reports and 1 comp Division of Licensin 12/19/2018. The folial identified: Respect, Dignity/Ri CFR(s): 483.10(e)(§483.10(e) Respect The resident has a and dignity, includin §483.10(e)(2) The possessions, includes space permits, of upon the rights or to residents.	et and Dignity. right to be treated with respect	F 5	Responses in this Plan of Correction to the cited deficier do not constitute an admission agreement by the provider of t truth of the facts alleged or conclusions set forth in the 2567 Statement of Deficiencies This Plan of Correction is prepa solely as a matter of compliand with Federal and State Agency and Law.	or the s. ared
	by: Based on medical resident interviews failed to assure that were treated with resident failed. The second of the victim of a verb November 2018 with Nursing Assistant) and another reside told by an LNA that I have ever met in remembered this enappened and recomber interviewed is confirmed by the	record review, staff and and observations, the facility at 4 of 5 residents reviewed espect and dignity. (Resident # the findings are detailed below: nord review, Resident # 1 was ally abusive event in the a staff LNA (Licensed that was witnessed by staff nt's family. Resident # 1 was a she was the "nastiest person my life." Resident # 1 pisode the day after it alled being upset by the event by facility staff a day later. This a facility internal investigation we with unit staff on 12/19/2018.		F557 SS=E 1 The LNA involved with the verbally abusive reportable even with Resident #1 was terminated following the completed, substantiated investigation and was reported to the Board of Nursing. Resident #1 remains in the facility. He has had no further verbally abusive event(s) as validated by an SSD interview and recorded in his record.	

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

Administrator

(X6) DATE

Any deficiency statement ending with an esterisk (*) 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.

Facility ID: 475045

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		~		100000		1	С
1.4		475045	B. WING				12/19/2018
NAME OF	PROVIDER OR SUPPLIER			1 200	REET ADDRESS, CITY, STATE, ZIP CODE		
WOODRIDGE NURSING HOME				P.O. BOX 550 BARRE, VT 05641			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS REFERENCED TO THE APP DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	!			1	The Traveler LPN involved in the	<u> </u>	<u> </u>
F 557	Continued From pa	ige 1	F	557	verbally and physically abusive	1	
	*				reportable event with Resident	#2	ï
	2. Per medical rec	ord review, Resident # 2 was	r river		following suspension and		
	the victim of a verb	ally and physically abusive			investigation was terminated w	ith	
	event perpetrated b	by a traveling staff LPN			the Traveler Agency. Resident #	2	
		Nurse) in October 2018.			remains within the facility. He h	as	
		bserved by staff being pushed			had no further reported physica verbally abusive interaction with	lor	
		her wheelchair, being "yelled			staff. The SSD interviewed his	, [
	at to stay put." Assessments and care planning are in place for this resident on how to redirect			1	private caregiver of record and	į	
					validated that he has no		
		eed arises. That this event			awareness of any verbal or	1	
		ed during interview with facility			physical abuse and recorded suc	h	
		nfirmed in the facility internal			in the resident's record	**	
	investigation.				The LNA involved with the	1	
	2 Day second souls	Desident #2 is slow and		1	disrespectful attitude and lengtl	IV I	* 1
		w, Resident #3 is alert and			response time that was a	1	1
		admitted to the rehab unit from staff to go to the		1	reportable event with Resident	#3	. ↑ *
-		/18, the resident stated that			was terminated after a complete		
		time" for response to the call			substantiated investigation and	•	
		Licensed Nursing Assistant		-	reported to the Board of Nursing	. 1	-
χ.		he room they responded to the		į	Resident #3 remains in the facili	y.	
1		th the statement "I will see, it is		-	He has had no further issues wit		
		When LNA#1 did return to		1	staff attitudes and lack of respec	t	
		the resident reported that the			shown to him as evidenced and	THE STATE OF THE S	i .
		n the commode, acting angry		j	validated by the SSD interview a	nd	
	and impatient, and	did not speak at all to the			documented in his record.		
		#3 requested that LNA #1 not	Name of the second of the seco	1	The LNA involved in the rude,		
		r care anymore. Per interview	orean vitic to	i	impatient and rough and		
		ent #3 stated that this LNA did		ĺ	disrespectful incident with		
	not treat him/her with respect, and made them				Resident #4 was terminated		
		an inconvenience, and that		2	following a complete,		
	A CONTRACT OF THE PROPERTY OF	at the resident needed			substantiated investigation and	1	
	assistance.			ĺ	reported to the Board of Nursing		
-	A Dor spend souls	Decident #4 is sleet and		1	This was the same LNA that was identified with the reportable	ļ	
1		v, Resident #4 is alert and ted to the facility for rehab			incident of Resident #3 above.		
		esident is dependent on staff		ī	Resident #4 remains in the facilit	,	
		iene assistance. Resident #4	r I	į	and has had no further rough or	7	
		se that one of the Licensed		ţ	disrespectful care or service as		
	TOPOLICA IO UIO IIUIS	o that one or the Liberiaed	t		Tier copection care of service as	- 1	

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

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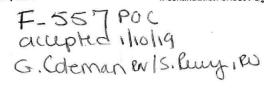
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDII	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
*		475045	B, WING_		C 12/19/2018	
NAME OF	PROVIDER OR SUPPLIE	R	T	STREET ADDRESS, CITY, STATE, ZIP COL		
WOODR	RIDGE NURSING HO	ME		P.O. BOX 550 BARRE, VT 05641		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION S) CROSS REFERENCED TO THE AF DEFICIENCY)	HOULD BE COMPLETION	
F 557	care on 12/9/18. #1 was impatient called for assistate pisode, saying proceeding to abpainful to the gromechanical lift trathe transfer paddithe LNA ignored the transfer. The resistency, the nurse to not have care interview on 12/1 they were not treathe LNA who was	is (LNA) had been rough during. The resident stated that the LNA with the resident when they note after an incontinence. I just did you", and then ruptly rip off a brief which was in area. Also during the insfer, the resident stated that was pressing on their surgical ery painful. The resident asked is it was painful, however the request and continued with the dent reported the concern to e, and their family and requested provided by LNA #1 again. Per 19/18, Resident #4 stated that atted with dignity and respect by rude and rough with them, and that does not belong working	F 5	documented from an inter with the SSD. 2 Other Residents have the potential to be affected by acts or approaches by staff are verbally or physically a or may not treat residents dignity and respect, hower by any of the staff referen this citation since they we terminated. The facility cle follows its Abuse policy as observes Residents rights particularly with dignity ar respect to ensure all staff aware that violations will tolerated. The facility stric follows the mandated rep notifications and procedur required by CMS and VT A 3 Education on Resident R with emphasis on Dignity Respect as well as re-educ	e y any f that subusive with ver not ced in re osely well as and are not be city orter res gencies. ights and	
F 600 SS≃E	Free from Abuse CFR(s): 483.12(a		F 6	the Abuse Policy will be pu	rovided	
	Exploitation The resident has neglect, misappro and exploitation a includes but is no corporal punishmany physical or charact the resident §483.12(a) The fa §483.12(a)(1) No	the right to be free from abuse, opriation of resident property, is defined in this subpart. This t limited to freedom from ent, involuntary seclusion and nemical restraint not required to s medical symptoms. It is the property of the pr		designee at monthly All St meetings, change of shift roundtable or coffee clutch discussions which may als residents and scheduled in Additionally, this same presentation/education wat the next monthly Resid Council meeting. 4 All Staff documentation attendance records will be provided by the Grievance NHA or DON at the next in QA&A Committee meeting continue for 3 months.	huddles, h o include nservices. vill occur ent and e e Official, nonthly	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: U9WX11

Facility ID: 4

If continuation sheet Page 3 of 6



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A, BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		475045	B. WING		12	C /19/2018
NAME OF	PROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP COD		71372010
	IDGE NURSING HOM			P.O. BOX 550 BARRE, VT 05641	. 171	
(X4) ID PREFIX TAG	(EACH DEPICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPLICATION OF THE APPLICATIO	OULD BE	(X5) COMPLETION DATE
F 600	by: Based on medical resident interviews failed to assure that were free from ver (Resident # 1, # 2, detailed below: 1. Per medical recithe victim of a vert November 2018 with Nursing Assistant) and another reside told by an LNA that I have ever met in remembered this chappened and recithe victim of a vert is confirmed by the and during interviewed the victim of a vert event perpetrated (Licensed Practical Resident # 2 was a down, back into his at to stay put." Assare in place for this him/ her when the occurred is confirm staff and further coinvestigation on 12	record review, staff and and observations, the facility at 4 of 5 residents reviewed bal or physical abuse. # 3 and # 4). The findings are cord review, Resident # 1 was bally abusive event in the a staff LNA (Licensed that was witnessed by staff and's family. Resident # 1 was at she was the "nastiest person my life." Resident # 1 pisode the day after it alled being upset by the event by facility staff a day later. This a facility internal investigation with unit staff on 12/19/2018. Ford review, Resident # 2 was being and physically abusive by a traveling staff LPN in Nurse) in October 2018. Sobserved by staff being pushed as for wheelchair, being "yelled besments and care planning a resident on how to redirect need arises. That this event need during interview with facility infirmed in the facility internal	F 6	1The LNA involved with the verbally abusive reportable ewith Resident #1 was terminated following the completed, substantlated investigation al was reported to the Board of Nursing. Resident #1 remains the facility. He has had no fur verbally abusive event(s) as validated by an SSD interview recorded in his record. The Traveler LPN involved in verbally and physically abusive reportable event with Reside following suspension and investigation was terminated the Traveler Agency. Resident remains within the facility. He had no further physical or verbal or physical or verbal or physical abuse and recorded such in the resident record. The LNA involved with the disrespectful attitude and letter response time that was a reportable event with Reside was terminated after a computational substantlated investigation reported to the Board of Nu Resident #3 remains in the fee He has had no further issues staff attitudes and lack of reshown to him as evidenced validated by the SSD interviewed validated investigation validated investigation validated investigation validated by the SSD interviewed validated by the SSD interviewed validated investigation validated investigation validated validated by the SSD interviewed validated by the SSD interviewed validated investigation validated val	in ther v and the ve at #2 de has arbally f. The ated any t's arbally from the transport of transport of the transport of transpor	02-11-19
		e from staff to go to the		documented in his record.	euro (1.000000000000000000000000000000000000	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		160771 1607 - 61	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		475045	B. WING		12/19/2018
NAME OF PROVIDER OR SUPPLIER WOODRIDGE NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP COD P.O. BOX 550 BARRE, VT 05641	
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	they waited a "ler bell, and when the (LNA#1) came to toileting request yeally busy today assist Resident # aide slammed do and impatient, an resident. Resider be assigned to the 4. Per record revioriented, and adrefer surgery. The for toileting and hereported to the numerical was impatient called for assistant care on 12/9/18, #1 was impatient called for assistant called for assistant called for assistant painful to the ground and was with the transfer pad wound and was withe LNA to stop a LNA ignored the intransfer. The resisten the resistency, the nurse to not have care in Per review of LNA evidence of past impatient manner interview on 12/1	/9/18, the resident stated that any time" for response to the call a Licensed Nursing Assistant of the room they responded to the with the statement "I will see, it is to the resident reported that the with the commode, acting angry and did not speak at all to the with the commode, acting angry and did not speak at all to the with the commode, acting angry and did not speak at all to the with the resident #4 is alert and not the facility for rehable resident is dependent on staff ygiene assistance. Resident #4 urse that one of the Licensed is (LNA) had been rough during the resident stated that the LNA with the resident when they note after an incontinence. I just did you", and then ruptly rip off a brief which was in area. Also during the ansfer, the resident stated that was pressing on their surgical very painful. The resident asked it was painful, however the request and continued with the dent reported the concern to be, and their family and requested provided by LNA#1 again. A#1's personnel file, there was concerns with the LNA and an ruhen caring for residents. Per 9/18, the DNS stated that there	F 6	disrespectful incident with Resident #4 was terminated following a complete, substantiated investigation a reported to the Board of Nut This was the same LNA that identified with the reportabl incident of Resident #3 above Resident #4 remains in the fand has had no further rough disrespectful care or service documented from an intervitivity with the SSD. 2 Other Residents have the potential to be affected by a acts or approaches by staff the are verbally or physically abour may not be treating residivith dignity and respect, how not by any of the staff refers in this citation since they we terminated. The facility close follows its Abuse policy as we observes Residents rights particularly with dignity and respect to ensure all staff are aware that violations will not tolerated. The facility strictly follows the mandated report notifications and procedure required by CMS and VT Age 3 Education on Resident Rigwith emphasis on Dignity and Respect as well as re-educated the Abuse Policy will be proby the Grievance Official or designee at monthly All Staff	and rsing. was le ee. acility h or as ew as ew as ever enced ere ely vell as e et be y ter s encies. hts ad cion of vided
	evidence of past impatient manner interview on 12/1 were concerns or	concerns with the LNA and an when caring for residents. Per		Respect as well as re-educat the Abuse Policy will be pro by the Grievance Official or	ion of vided

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			G	COMPLETED	
		35.8 (5.8		C	
		475045	B. WING		12/19/2018
NAME OF	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE P.O. BOX 550	
WOODR	IDGE NURSING HOM	E		BARRE, VT 05641	
(X4) ID PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 600	say that they were LNA. There was er transferred LNA#1 residents are alert Per interview on 12 person confirmed LNA#1 were recei The LNA was sent	nable to or were unwilling to not treated with respect by this nough concern that they I to the rehab unit where most and oriented. 2/19/18, the Social Services that both complaints regarding ved the afternoon of 12/9/18. I home on 12/9/18, did not y, and later terminated after the		discussions which may also incresidents and scheduled inser Additionally, this same presentation/education will o at the next monthly Resident Council meeting. 4 All Staff documentation and attendance records will be provided by the Grievance Of NHA or DON at the next mont QA&A Committee meeting an continue for 3 months.	rices. ccur ficial, thly
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