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

July 9, 2019

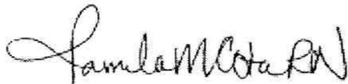
Mr. Allen Yearick, Administrator
Woodridge Nursing Home
P.O. Box 550
Barre, VT 05641-0550

Dear Mr. Yearick:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 11, 2019.** 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,

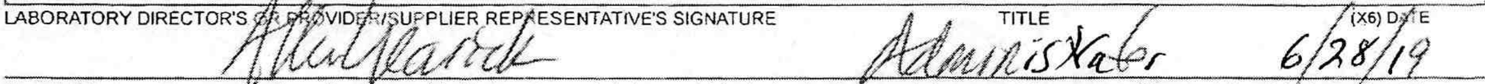


Pamela M. Cota, RN
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475045	A. BUILDING ____ B. WING ____	C 06/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE NURSING HOME	**P.O. BOX 550** **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 The Division of Licensing and Protection conducted unannounced onsite investigations of 2 facility self reports and 1 complaint on 6/10/19. A regulatory deficiency related to 1 facility self report was cited as a result.	F 000	**Responses in this Plan of Correction to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the2567 Statement of Deficiencies.** **This Plan of Correction is prepared solely as a matter of compliance with Federal and State Agency's and Law.**	
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure 1 applicable resident (Resident #1) was free from verbal abuse. Findings include: Per record review and confirmed by staff interview, Resident # 1 was verbally abused by a Licensed Nursing Assistant (LNA). Resident # 1 reported to staff that an LNA had been verbally abusive during care on 2/24/19. In a written statement, Resident # 1 stated that when h/she asked the LNA to help him/her get dressed, the	F 600	**1.The traveler Licensed Nursing Assistant (LNA) who was involved in the verbal abuse incident with Resident #1 had their contract terminated by HR on February 25, 2019 following a substantiated investigation. Resident #1 remains in the facility and has had no further incident(s) of verbal abuse as stated in an interview with SS and NHA.** **2. Other residents have the potential to be affected by verbal abuse by any staff acts/actions or approaches,**	**07-15-19**



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 6/28/19

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 600	Continued From page 1 LNA stated "what made her feel so special". The LNA then told Resident # 1 to "shut up". Resident # 1 wrote that "I was really upset". Resident # 1 also wrote that the LNA was on a Bluetooth headset during care and "acted like we were the last concern she had". Facility investigative documentation confirms that the allegation of verbal was substantiated.	F 600	**however there have been no reports of any such incidents and the traveler LNA was of course terminated. SS and NHA interviewed resident #1 and she has had no such incidents or exchanges since the incident. The facility closely follows its Abuse policy and protocol for mandatory reporting of any Abuse and conducts ongoing and scheduled Abuse Policy education and mandatory reporting with staff.** **3. Educational in-services on the Abuse Policy were begun with both staff and residents in the facility by the SSD/Grievance Official starting back in February 2019. Current re-education began with the monthly All Staff meeting on June 19, 2019 and then nursing staff meetings conducted by the DNS on June 25 and 27, 2019 were held and staff morning "huddles" were conducted by the SSD/Grievance Official on June 28, 2019. A resident coffee clutch was scheduled for July 2, 2019**	

PRINTED: 06/17/2019
FORM APPROVED
OMB NO. 0938-0391

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