

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 11, 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 **November 6, 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

Jamela McotaRN

Licensing Chief

If continuation sheet 1 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475045	B. WING		11/06/2019
NAME OF PROVIDER OR SUPPLIES	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE	
WOODRIDGE NURSING HOR	P.O. BO) BARRE,	(550 VT 05 6 41		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
S 000 Initial comments		S 000		
was conducted by Protection on 11/6 the State of Vermo Rules for Nursing \$320 7.13 (d)(1) QUALI \$S=E LEVELS 7.13 (d)(1) The face	onsite complaint investigation the Division of Licensing and 19. The following violation of ont Licensing and Operating Homes was identified. TY OF CARE - STAFFING	S320	Responses in this Plan of Correction to the cited deficienci do not constitute an admission o 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 prepare solely as a matter of compliance with Federal and State Agency's	r 3
Andrew Control of the	meet resident needs. nursing homes must provide:	o and a second second	and Law. S 320 SS=E	12-15-1
i. no fewer than the resident per day, of nursing care, personal care, but in supervision of stafficial ii. of the three hout two (2) hours per massigned to provide personal care, assigned, etc.) performance in the personal care, assigned.	ree (3) hours of direct care per n a weekly average, including onal care and restorative ot including administration or r, and rs of direct care, no fewer than esident per day must be e standard LNA care (such as istance with ambulation, rmed by LNAs or equivalent ing meal preparation, physical	i	1. The State LNA staffing minimum of no fewer than (2) hours per resident per day of direct care was not met during the period of 10/29/19 to 11/04/19. The Administrator and QIC noted that the major contributor to this weekl average falling below the	t D
by: Based on record re facility failed to ma provided two hours day by Licensed No Findings include: Per record review of	NT is not met as evidenced eview and staff interview, the intain staffing levels which of direct care per resident per ursing Assistants (LNA). of the daily nursing hours its, the hours of direct care per		minimum was due to the first major snow storm of the season resulting in numerous callouts that could not be immediately replaced. Since then, the LNA staffing minimum of	f

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STATE FORM

Divisi	ion of Licensing and Pro	otection ,			
	MENT OF DEFICIENCIES LAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		₩ -			C
		475045	B, WING		11/06/2019
NAME	OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE	
WOO	DRIDGE NURSING HOM	P.O. BOX BARRE,	C 550 VT 05641		
(X4) I PREF TAG	IX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
S3.	20 Continued From pa	ge 1	S320	2.0 hours per resident per	f į
	resident per day by	LNA staff fell below the	_	day of LNA care and the	***************************************
	required 2 hours pe	r day minimum for the week	1	minimum of 3 hours per	To a security security
		Per interview on 11/6/19 at istrator and the Director of	1	resident per day on a	dispersion
		hat the facility was not	****	weekly average for	***************************************
	currently able to fill	all of the LNA positions, and		nursing direct care has	and developed a pro-
	not met for LNA dire	minimum staffing levels were		been met.	000000000000000000000000000000000000000
	HOLING IO, CITY ORC	of date services.		2. Although residents	
				have the potential to be	
		e u se		affected by this staffing	
				deficiency, no residents	
				were harmed. In fact, the	
				surveyor during the	
				November 6, 2019	
			1	investigation noted at exit	
			Note that the same that the sa	that resident care and	
			İ	needs were being met by	
			i	the facility. Staffing levels	
				are maintained by re-	
				assigning LNA's to direct	36
				care roles from Life	
				Enrichment, Unit	
	9		1	administrative assistants,	THE PROPERTY OF THE PROPERTY O
3			l	transportation and	***************************************
				scheduling as well as from	-
				nursing, managers and	
				facility Leadership as	***************************************
				needed.	NO CONTRACTOR OF THE PARTY OF T
¥				Census was held limiting	
			- 111	admissions.	

Division	of Licensing and P	rotection			FORM APPROVED
	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIĎEŘÍŠUPPLIEŘÍČLIA IDENTÎFICATION ŅUMBER;	I was a second of the second	E CONSTRUCTION ()	COMPLETED
475045		B, WING		C 11/06/2019	
IAME OF	PRÖVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
VOODR	IDGE NURSING HON	P.O. BOX BARRE, V			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E COMPLETE ATÈ DATE
\$320	resident per day by required 2 hours per of 10/29 to 11/4/19 2:20 PM, the Admir Nursing confirmed currently able to fill	LNA staff fell below the er day minimum for the week Per interview on 11/6/19 at histrator and the Director of that the facility was not all of the LNA positions, and y minimum staffing levels were	\$320	3. The Administrator and HR initiated an attendance/callout review program in October 2019 which continues and the DNS reinforced the attendance policy to nursing staff.	
				LNA direct care was ensured by re-assigning LNA's to direct care roles from Life Enrichment, Unit Assistants, transportation and scheduling if needed. Since the July 15, 2019	
				revisit survey certification, the QA&A Committee, Administrator and QIC has continued to update and address the staffing Performance Improvement Plan (PIP) implemented earlier this past year. a.) The Administrator instituted a self-imposed moratorium on admissions to hold census at a level to meet the LNA	
				staffing minimum since	

STATEME	of Licensing and Print of Deficiencies	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY
		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		475045	B. WING		C 11/06/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
WOODR	IDGE NURSING HOM	E P.O. BOX BARRE, V			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	STEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
\$320	Continued From pa	gė 1	\$320	October 1, 2019.	1 1
		LNA staff fell below the		b.) The facility has	
,	required 2 hours pe	r day minimum for the week		continued the LNA	
	of 10/29 to 11/4/ 19	. Per interview on 11/6/19 at	-	training classes which	
	2:20 PM, the Admin	istrator and the Director of that the facility was not	Acceptance	graduated 7 LNA's in the	
	currently able to fill	all of the LNA positions, and		2 nd cohort class on	1
į	that the daily/weekly	minimum staffing levels were		November 8, 2019 and	100000
	not met for LNA dire	ect care services.		were introduced into	
		e e	-	staffing roles. The 3 rd class	
		www.	***************************************	cohort is currently	
		т	***************************************	underway and these 8	
			***************************************	students are expected to	West of the second
ŧ.			Marie opposite	become certified in mid-	
			***************************************	December to go directly	
				into staff roles.	
(4)				c.) In cooperation with	G1110000000
				CVMC Senior Leadership,	2000
		•		an updated marketing	observation
				and recruitment campaign	
,			age of the control of	involving radio, print and	
			WARRAGE TO THE TOTAL PROPERTY OF THE TOTAL P	social media was	
			Proper Manager	implemented	
		· · · · · · · · · · · · · · · · · · ·		and the incentive sign-on	
		*		bonus for LNA's of \$5000	
				and an LNA referral bonus	
		54		of \$2500 is in place.	
				d.) The IDT leadership	
	. *			team also reviewed the	
				process for evaluating	
			MA TOMORER	staffing needs and	

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documentation of PPD.

Division of Licensing and Pr	otection			FORIV	APPROVEL
STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MÜLTIPLI A. BUILDING:	É CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
	475045	B. WING			C 06/2019
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRÉSS, CITY, S	TATE, ZIP CODE	***************************************	
WOODRIDGE NURSING HOM	P.O. BOX BARRE, V				
PREFIX (EACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EAGH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
required 2 hours pe of 10/29 to 11/4/ 19 2:20 PM, the Admir Nursing confirmed currently able to fill	LNA staff fell below the ir day minimum for the week . Per interview on 11/6/19 at listrator and the Director of that the facility was not all of the LNA positions, and y minimum staffing levels were	S320	This resulted in a revised process to ensure adequate staffing based on census and acuity, and to avoid future recurrence of this issue: -The scheduler and nursing administration review and adjust the staffing schedule weekly and/or daily to address any gaps. If needed, LNA or nurse staff in nonclinical/administrative positions are assigned to		
			meet direct care resident needs. -The scheduler documents and verifies these staff transfers on the applicable Kronos timecards and documents this time in the PPD template and daily Staffing sheet posting. -Timecards and staffing numbers are reviewed and evaluated weekly to verify accuracy and recorded by the Business Office in the master.		

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staffing template.

Division of Licensing a	nd Protection			FURIN	I APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	ES (X1) PROVIDER/SUPPL IDENTIFICATION N		IPLE CONSTRUCTION IG:		E SURVEY PLETED
No. 21 (1997)	475045	B. WING		C 11/06/2019	
NAME OF PROVIDER OR SUP	PPLIÈR	STREET ADDRESS, CITY	Y, STATE, ZIP CODE	-	<u> </u>
WOODRIDGE NURSING	HOME	P.O. BOX 550 BARRE, VT 05641			
(X4) ID SUMMA	RY STATEMENT OF DEFICIENCIE		PROVIDER'S PLAN OF CORRECTI	ΘN.	1 200
PREFIX (EACH DEF)	CIENCY MUST BE PRECEDED BY Y OR LSC IDENTIFYING INFORM	FULL PREELY	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD SF	COMPLETE DATE
\$320 Continued Fro	om page 1	S320			
resident per d	ay by LNA staff fell below	the	-Woodridge also reports		!
required 2 hou	urs per day minimum for t	he week	staffing level to the CVM	2	Ì
2:20 PM the A	/4/ 19. Per interview on 1 Administrator and the Dire	1/6/19 at	daily safety huddle.	***	
Nursing confir	med that the facility was r	not	4. The QA&A Committee		•
currently able	to fill all of the LNA position	ons, and	met on November 26,	annan water	
that the daily/v	veekly minimum staffing li A direct care services.	evels were	2019 and reviewed,		
not nict for Ele	Waited cale services	waren governo	discussed progress of the		
			PIP and weekly staffing.	000	
			The Committee		
			specifically reviewed the		
			Nursing and LNA weekly		
			staffing PPD averages gric	1	
		*	since September 1, 2019.		
* *			It was noted that during		***************************************
			the surveyor visit on	OLL, Marie	
ī			November 6, 2019, the		
,			week of October 27	J.J.	
			through November 3rd	-	
			had the LNA staffing		
€ _{tet}			recorded at 1.96 PPD,		
		•	under the 2.0 minimum		
			PPD. However, the overall		
		*	nursing direct care	And the second	
	8		staffing PPD by		2 - 4 - 1
			comparison was 3.53 PPD,		211 2 11
			above the State minimum	and the second	
			of 3.0 hours of direct care	and the second second	
		1	per resident per day. The		
			Administrator pointed out		
			3		- 1

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Division	of Licensing and Pr	otection				
STATEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
•	475045		B. WING		C 11/06/2019	
	PROVIDER OR SUPPLIER	P.O. BOX	550	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
\$320	required 2 hours per of 10/29 to 11/4/ 19 2:20 PM, the Admin Nursing confirmed currently able to fill	LNA staff fell below the er day minimum for the week Per interview on 11/6/19 at histrator and the Director of that the facility was not all of the LNA positions, and y minimum staffing levels were	S320	that all nursing staff we together as a team to provide direct care. The Committee will continuto evaluate and monitor staffing data with report at their monthly meeting. The Administrator, DNS designee and QIC are responsible for review weekly staffing data reports and the facility scheduler reports staffing at daily Morning meeting with the leadership team to ensure staffing levels are met with census	e le	
				S320 POC accepted 12/9/19	pneofari	V

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