



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

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,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/06/2019
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NAME OF PROVIDER OR SUPPLIER WOODRIDGE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE P.O. BOX 550 BARRE, VT 05641
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S 000	Initial comments	S 000		
	An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 11/6/19. The following violation of the State of Vermont Licensing and Operating Rules for Nursing Homes was identified.		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 the 2567 Statement of Deficiencies. This Plan of Correction is prepared solely as a matter of compliance with Federal and State Agency's and Law.	
S320 SS=E	7.13 (d)(1) QUALITY OF CARE - STAFFING LEVELS	S320	S 320 SS=E	12-15-19
	7.13 (d)(1) The facility shall maintain staffing levels adequate to meet resident needs.		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 weekly average falling below the 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	
	1. At a minimum, nursing homes must provide:			
	i. no fewer than three (3) hours of direct care per resident per day, on a weekly average, including nursing care, personal care and restorative nursing care, but not including administration or supervision of staff; and			
	ii. of the three hours of direct care, no fewer than two (2) hours per resident per day must be assigned to provide standard LNA care (such as personal care, assistance with ambulation, feeding, etc.) performed by LNAs or equivalent staff and not including meal preparation, physical therapy or the activities program.			
	This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain staffing levels which provided two hours of direct care per resident per day by Licensed Nursing Assistants (LNA). Findings include:			
	Per record review of the daily nursing hours provided to residents, the hours of direct care per			

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Allen Gearick

TITLE

VP of Aging Svcs

(X8) DATE

11-30-19

Division of Licensing and Protection

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S320 Continued From page 1
resident per day by LNA staff fell below the required 2 hours per day minimum for the week of 10/29 to 11/4/ 19. Per interview on 11/6/19 at 2:20 PM, the Administrator and the Director of Nursing confirmed that the facility was not currently able to fill all of the LNA positions, and that the daily/weekly minimum staffing levels were not met for LNA direct care services.

S320

2.0 hours per resident per day of LNA care and the minimum of 3 hours per resident per day on a weekly average for nursing direct care has been met.
2. Although residents have the potential to be affected by this staffing deficiency, no residents were harmed. In fact, the surveyor during the November 6, 2019 investigation noted at exit that resident care and needs were being met by the facility. Staffing levels are maintained by re-assigning LNA's to direct care roles from Life Enrichment, Unit administrative assistants, transportation and scheduling as well as from nursing, managers and facility Leadership as needed.
Census was held limiting admissions.

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