Division of Licensing and Protection HC 2 South, 280 State Drive Waterbury, VT 05671-2060 <u>http://www.dail.vermont.gov</u> 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

August 18, 2021

Mr. William Kowalewski, Administrator Woodridge Nursing Home 142 Woodridge Drive Barre, VT 05641-0550

Dear Mr. Kowalewski:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 26, 2021.** 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,

Jamela Mcota RN

Pamela M. Cota, RN Licensing Chief

## DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391

## FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEPICIENCIES       [01]       PROVIDER VOIDER UNDERVIEWENCLAN       A BULDING       [05] CATE SUPPEY       C         AUDING       415045       B, WHO       C       07/26/2021         VOIDENCER NORSENER       11       THEEL ADDRESS, CHY, STATE, ZP CODE       12       00/06         VOIDENCER NURSING HOME       20       PREVIDENCE NOR NUMBER       10       PREVIDENCE NOR NUMBER       00         PREVIDENCE NURSING HOME       20       PREVIDENCE NOR NUMBER PROCEED BY FULL       PREVIDENCE NOR NUMBER PROCEED BY FULL       00       PREVIDENCE NOR NUMBER PROCEED BY FULL       PREVIDENCE NOR NUMBER PROCEED BY FULL       00         F 000       INITIAL COMMENTS       F 000       F 000       F 000       PREVIDENCE NOR NUMBER PROCEED BY FULL       00         F 573       Right to Accessful Chanse Copies of Records       F 573       I. The records of affected resident # 10       00         S 643.10(g)(2)(10)(3)       S 643.10(g)(2)(10)(10)       S 644.10(g)(10)(10)(10)(	STATEMENT			(X2) MULTIPLE CONSTRUCTION						
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'eficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other lards 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

## OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
a		475045			07	C 07/26/2021			
ME OF P	ROVIDER OR SUPPLIER	475045	B, WING	STREET ADDRESS, CITY, STATE, ZIP CODE					
WOODRIDGE NURSING HOME				142 WOODRIDGE DRIVE BARRE, VT 05641					
(X4) ID PREFIX TAG	RÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETION DATE				
F 573	Continued From page	e 1	F 573						
	the copy be mailed.								
	§483.10(g)(3) With the exception of information described in paragraphs (g)(2) and (g)(11) of this section, the facility must ensure that information is provided to each resident in a form and manner the resident can access and understand, including in an alternative format or in a language that the resident can understand. Summaries that translate information described in paragraph (g) (2) of this section may be made available to the patient at their request and expense in accordance with applicable law. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to allow a resident's representative ( Resident #1) to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. Findings include:		TAG F 573 POC Accepted on 8/ by R. Tremblay/P. Cota		18/21				
	medical record request that the facility provide legal representative of 1's legal representative medical records on 2/ not received the record 12/26/21 a 12: 35 PM confirmed that there is	l, the facility Administrator s no evidence that the cords were provided as							
ORM CMS-256	7(02-99) Previous Versions Ob	solete Event ID:7QTV11		Facility ID: 475045	ontinuation sh	neet Page 2 of 2			