

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

August 30, 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 recertification survey conducted on **August 4, 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,



Pamela M. Cota, RN
Licensing Chief

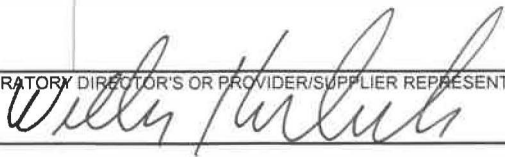
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475045	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2021
NAME OF PROVIDER OR SUPPLIER WOODRIDGE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 142 WOODRIDGE DRIVE 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
E 000	Initial Comments	E 000		
F 000	The Division of Licensing and Protection conducted an annual emergency preparedness review on 8/4/21. There were no regulatory deficiencies as a result. INITIAL COMMENTS	F 000		
F 725 SS=E	The Division of Licensing and Protection conducted an unannounced onsite annual recertification survey 8/2/21 - 8/4/21. The following regulatory deficiencies were cited as a result: Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides.	F 725	Sufficient Staffing 1. Residents #117 and #25 are receiving assistance with their meals. 2. All Residents have the potential to be effected by this finding. The IDT has assessed all Residents who require assistance during a meal to ensure an accurate account of all Residents who require meal assistance. Resident care plans were verified for accuracy reflecting the Resident's need for assistance with meals. 3. Charge Nurses and Clinical Nurse Coordinators have been re-educated about sufficient staffing assignments in the dining areas to ensure resident safety and well-being with meals assistance. The Clinical Coordinators now monitor breakfast, lunch, and dinner to ensure there are	

sufficient staff to monitor and provide assistance to the Residents. Charge nurses and Clinical Coordinator education regarding sufficient staffing levels during meals was provided through a combination of electronic communications, individual discussions, and nursing huddles. Nursing staff was provided education by the Director of Nursing on sufficient staffing assignments needed during meal service to ensure resident safety and well-being, and the expected protocol for providing meals when assigned to the dining areas. Education was provided through a combination of electronic communications, individual discussions, and nursing huddles. The education of all nursing staff, to include Charge nurses and Clinical Coordinators, will be completed by August 29, 2021.

4. The Leadership Team will audit meals to ensure sufficient staff is available to provide assistance to the Residents during meal service. Audits will be completed three days per week for four weeks, then weekly for two weeks, then monthly. Meal staffing audits will be presented to the QAPI Committee monthly by the Director of Nursing to review compliance and any further recommendations.

5. The Director of Nursing – August 29, 2021

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



TITLE

Administrator

(6) DATE

8/27/21

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.

F 725	<p>Continued From page 1</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and staff interview the facility failed to ensure a sufficient number of staff available to assist 2 of 4 residents who require assistance with meals (Resident # 117 and Resident #25).</p> <p>During dining observation in the Spruce Hall Day room on 8/3/2021 at 8:45 AM there were four Residents seated at a table. A Licensed Nursing Assistant (LNA) was feeding Resident #25 while resident #117 was sitting unassisted with their meal tray on the table, unopened. At approximately 9:25 AM the LNA finished feeding Resident #25 and began assisting Resident #117 with their meal.</p> <p>During interview with the LNA on 8/3/2021 at 9:30 AM s/he confirmed that one LNA was assigned to assist residents with their meals in the day room. S/he also confirmed that the two residents who require assistance are routinely assisted with their meal one at a time while the other waits. When asked how s/he knew that the food stayed hot while others were assisted s/he stated that s/he did not know.</p> <p>On 8/4/2021 at 8:25 AM three residents were observed seated at a table in the Spruce Hall Day room, including Resident #117. Resident #96's tray was on the table in front of them, out of their reach and, unopened. The LNA who was assigned to the Spruce Hall Day room was feeding resident #117 their breakfast meal. At</p>	F 725	<p>TAG F 725 POC Accepted on 8/30/21 by R. Tremblay/P.Cota</p>
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NAME OF PROVIDER OR SUPPLIER WOODRIDGE NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 142 WOODRIDGE DRIVE BARRE, VT 05641	

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

PRINTED: 08/19/2021
FORM APPROVED
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F 725	<p>Continued From page 2</p> <p>8:36 AM an LNA entered the day room and provided assistance by opening Resident #96's meal. When finished assisting Resident #117 the LNA requested help from another LNA to get Resident #25 up from bed for her/his meal. When asked if all the trays had been given out, the LNA stated "no, we have to finish passing the trays and still have residents to get out of bed." There were three trays left in the Jitney at that time.</p> <p>At 9:20 AM an LNA removed Resident #25's tray and confirmed that the last resident meal had been removed from the Jitney. This surveyor removed a requested test tray from the Jitney. Using a thermometer that was provided by the facility Nutrition and Food Service Director (NFSD), this surveyor began assessing the temperatures of the food. A LNA and another surveyor were present as to witness and verify readings. At 09:24 AM the hot food temperatures were as follows; the scrambled eggs on the test tray were 102.1 F, the waffle temperature was 98.2 F, cream of wheat was 121.0 F, and coffee was temped at 120.4 F. The cold foods and beverages were as follows; milk 57.2 F, and orange juice 57.8 F.</p> <p>During the time that the foods and beverages were being temped, the LNA confirmed that the temperatures were accurate per the reading on the thermometer. The LNA also confirmed that there is usually one LNA assigned to assist residents with their meals in the day room.</p> <p>On 8/4/2021 at approximately 10:00 AM this surveyor informed the NFSD of the test tray temperatures that were verified by the LNA. At that time s/he stated that the temperatures are checked prior to entering the Jitney, but s/he is</p>	F 725		

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F 725	<p>Continued From page 3 not aware if it is when the food is being served from the Jitney.</p> <p>During an interview with the Director of Nursing Services (DNS) on 8/4/2021 at approximately 1:40 PM s/he was made aware that the last resident to receive their morning meal was not assisted until 9:20 AM. The DNS stated that residents who are assisted in the day room would normally be in the main dining room with more staff present however, the main dining room has been temporarily closed.</p> <p>Refer also to F804.</p>	F 725		
F 758 SS=D	<p>Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)</p> <p>§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic</p>	F 758	<p>Free from unnecessary psychotropic meds/PRN</p> <ol style="list-style-type: none"> 1. Resident #14 now has a current order for the psychotropic medication. Resident #14 did not have a negative outcome from the cited medication administration issue. 2. Residents with current orders for PRN psychotropic medications have all been reviewed by the Clinical Coordinators to ensure they are limited to 14 days. 3. The Staff Educator will provide an In-Service to all Licensed Nurses on: <ol style="list-style-type: none"> a. The 7 rights of a medication pass, b. PRN psychotropic medication orders have a 14-day expiration date, 	

and

c. The proper disposal of controlled medications that have been discontinued or do not have a current order.

The in-service has begun and will be provided in-person along with a virtual attendance option, and information will be reinforced through a combination of electronic communications, individual discussions, and nursing huddles. PRN psychotropic medication orders are now reviewed daily during clinical morning meeting to ensure the medications have an active order within the 14-day expiration date.

4. Medication Carts will be audited for PRN psychotropic orders compliance will be done once per week for one month; then once per monthly for three months, by the Clinical Coordinator. Any expired PRN psychotropic orders identified will be removed from the cart and destroyed per pharmacy protocol. PRN psychotropic medication order compliance trends will be reported to the QAPI Committee for review and recommendations. The medication cart audits have been initiated and the results of same will be presented to the QAPI Committee to assure compliance.

5. Director of Nursing – August 31, 2021.

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING _____

(X3) DATE SURVEY
COMPLETED

	475045	B. WING _____	08/04/2021
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NAME OF PROVIDER OR SUPPLIER WOODRIDGE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 142 WOODRIDGE DRIVE BARRE, VT 05641
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F 758	<p>Continued From page 4 drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to ensure there was a valid physicians order for a medication that was administered to 1 of 6 residents in the applicable sample (Resident #14). Findings include:</p> <p>Per record review, Resident #14 had a Physician's order for Lorazepam 0.5 mg orally every 6 hours as needed for anxiety/agitation for 14 days. This order was started on 6/18/2021 and expired on 7/2/2021. Per review of a Nurse's note on 7/4/2021 a Nurse documented that Resident</p>	F 758	<p>TAG F 758 POC Accepted on 8/30/21 by R. Tremblay/P.Cota</p>	

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

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F 758	Continued From page 5 #14 was exhibiting agitation, and Lorazepam was administered. However, there was no evidence of a current order for the Lorazepam. During an interview on 08/04/21 at 12:40 PM the Unit Manager confirmed that the order for Lorazepam did expire on 7/2/2021. The Unit Manager also confirmed that the Lorazepam was administered on 7/4/2021 without a valid Physician's order.	F 758			

F 804 Nutritive Value/Appear, Palatable/Prefer Temp
SS=E CFR(s): 483.60(d)(1)(2)

F 804

§483.60(d) Food and drink
Each resident receives and the facility provides-

§483.60(d)(1) Food prepared by methods that
conserve nutritive value, flavor, and appearance;

§483.60(d)(2) Food and drink that is palatable,
attractive, and at a safe and appetizing
temperature.

This REQUIREMENT is not met as evidenced
by:

Based on observation and staff interview the
facility failed to ensure that food was served to
residents at a palpable temperature for 2 of 4
residents in the applicable sample (Resident #
117 and Resident #25).

During dining observation in the Spruce Hall Day
room on 8/3/2021 at 8:45 AM there were four
Residents seated at a table. A Licensed Nursing
Assistant (LNA) was feeding Resident #25 while
resident #117 was sitting unassisted with their
meal tray on the table in front of her/him. At
approximately 9:25 AM the LNA finished feeding
Resident #25 and began assisting Resident #117

1. Residents #117 and #25 are receiving food and drink that is palatable, attractive and served at an appetizing temperature.
2. All Residents have the potential to be affected by the deficient practice. The Food & Nutrition Service Manager will attend Resident Council meetings to confirm and validate the food and drinks are palatable, attractive and served at an appetizing temperature.
3. The Dietician will reeducate the Nursing and Dining staff regarding the requirement that Resident food and drink be palatable, attractive and served at a safe appetizing temperature. The Charge Nurse and the Clinical Nurse Coordinator will conduct meal observations confirming that sufficient staff are present to assist in meal service.
4. The Dietician, Dietician Assistant and NFS manager will conduct random audits of the meal service on random units daily for four weeks; then weekly for four weeks; then monthly for three months. The results of the audits will be presented to QAPI by the Dietician to confirm compliance.
5. Director of Nutrition and Food Service and the Director of Nursing – September 2, 2021

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F 804	<p>Continued From page 6 with their meal.</p> <p>During interview with the LNA on 8/3/2021 at 9:30 AM s/he confirmed that one LNA was assigned to assist residents with their meals in the day room. The two residents who require assistance are routinely assisted with their meals one at a time. When asked how s/he knew that the food stayed hot while others were assisted s/he stated that s/he did not know. The LNA confirmed that there was no system in place for staff to check food temperatures or ensure that the food was served at a palatable temperature.</p> <p>On 8/4/2021 at 9:02 AM three residents were observed seated at a table in the Spruce Hall Day room, including Resident #117. Resident #96's tray was on the table, unopened. The LNA who was assigned to the Spruce Hall Day room was feeding resident #117 their breakfast meal. At 8:36 AM an LNA entered the day room and provided assistance with opening Resident #96's meal. When finished assisting Resident #117 the LNA requested help from another LNA to get Resident #25 up from bed for her/his meal. When asked if all the trays had been given out, the LNA stated "no, we have to finish passing the trays and still have residents to get out of bed." There were three trays in the Jitney at that time.</p> <p>At 9:20 AM an LNA removed Resident #25's tray and confirmed that the last resident meal had been removed from the Jitney. This surveyor removed a requested test tray from the Jitney. Using a thermometer that was provided by the facility Nutrition and Food Service Director (NFSD), this surveyor began assessing the temperatures of the food. A LNA and another surveyor were present as to witness and verify</p>	F 804	<p>TAG F 804 POC Accepted on 8/30/21 by R. Tremblay/P.Cota</p>
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F 804	<p>Continued From page 7 readings. At 09:24 AM the hot food temperatures were as follows; the scrambled eggs on the test tray were 102.1 F, the waffle temperature was 98.2 F, cream of wheat was 121.0 F, and coffee was temped at 120.4 F. The cold foods and beverages were as follows; milk 57.2 F, and orange juice 57.8 F. During the time that the foods and beverages were being temped, the LNA confirmed that the temperatures were accurate per the reading on the thermometer. The LNA also confirmed that there is usually only one LNA assigned to assist residents with their meals in the Spruce Hall Day Room.</p> <p>On 8/4/2021 at approximately 10:00 AM this surveyor informed the NFSD of the test tray temperatures that were verified by the LNA. At that time s/he stated that the temperatures are checked prior to entering the Jitney, but s/he is not aware if it is when it is being served from the Jitney. The NFSD confirmed that the food on the test tray was not at an appropriate temperature when served and that it had been at the time it left the kitchen.</p>	F 804		

Pamela M. Cota, RN
Licensing Chief
Division of Licensing and Protection
State of Vermont
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
August 27, 2021

Provider ID#: 475045

Dear Pamela Cota:

I write in response to your letter of August 19, 2021 regarding the completed survey at Woodridge Rehab and Nursing held August 4, 2021.

The filling of this Plan of Correction to the cited deficiencies does not constitute an admission that the deficiencies alleged did in fact exist. These Plans of Correction constitute Woodridge Rehab and Nursing's written commitment of substantial compliance.

Woodridge Rehab and Nursing continues to enjoy our partnership with your Division in the spirit of providing high quality of care and quality of life for the Residents we serve together.

Sincerely,

William Kowalewski
Administrator