



**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  
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Survey and Certification Voice/TTY (802) 241-0480  
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Survey and Certification Reporting Line: (888) 700-5330

March 30, 2023

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

Provider #: 475045

Dear Mr. Kowalewski:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **October 11, 2022**. Please post this document in a prominent place in your facility.

We will 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

Enclosure

NAME OF PROVIDER OR SUPPLIER <b>WOODRIDGE NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>142 WOODRIDGE DRIVE BARRE, VT 05641</b>		
(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
K 000	INITIAL COMMENTS	K 000		
K 353 SS=B	<p>The Division of Fire Safety completed an unannounced onsite Life Safety Code Survey October 11, 2022. Entry and exit interviews were conducted with the Administrative Director and Maintenance Director. While the facility was found to be in substantial compliance with applicable Life Safety Code Requirements, the following issues were identified by the facility:</p> <p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Survey activities, including walk-through with the Maintenance Director on 10/11/2022 at 10:30 am determined the following:</p> <p>At the time of survey a communicator or negative</p>	K 353	<ol style="list-style-type: none"> <li>1.) No Resident was found to be affected by this deficient practice. At all times during the survey, the Woodridge Fire Alarm control panel was functional and in communication with local fire department.</li> <li>2.) No other Residents were found to have the potential to be affected by this practice in that the Woodridge fire alarm control panel was functional and in communication with local fire department.</li> <li>3.) No systemic interventions are required since at the time of the survey the Woodridge fire alarm control panel was functional and in communication with local fire department. Fire alarm drills were conducted confirming same.</li> <li>4.) On the day of the survey, the Woodridge fire alarm control panel was functional and in communication with local fire department. Fire alarm drills were conducted confirming same.</li> <li>5.) Dates of corrective action are not applicable since the Woodridge fire alarm panel was functional on the day of the survey.</li> </ol>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *William Kowalek* TITLE *Communicator* (X5) DATE *2/10/23*

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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>475045</b>	MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b> B. WING _____	DATE SURVEY  COMPLETE: <b>10/11/2022</b>
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NAME OF PROVIDER OR SUPPLIER <b>WOODRIDGE NURSING HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>142 WOODRIDGE DRIVE BARRE, VT</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>K 754</b>	<p>Soiled Linen and Trash Containers CFR(s): NFPA 101</p> <p>Soiled Linen and Trash Containers Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5 gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended. Containers used solely for recycling are permitted to be excluded from the above requirements where each container is less than or equal to 96 gallons unless attended, and containers for combustibles are labeled and listed as meeting FM Approval Standard 6921 or equivalent. 18.7.5.7, 19.7.5.7 This REQUIREMENT is not met as evidenced by: Survey activities, including walk-through with the Maintenance Director on 10/11/2022 at 10:30 am determined the following:</p> <p>Survey activities were unable to determine if Soiled linen collection barrels are under 32 gallon capacity. Facility should verify this information and correct as needed.</p> <p style="text-align: center;"><b>K754 Accepted 3/29/2023 M.Steele/TW</b></p> <p>– Survey activities were unable to determine if Soiled linen collection barrels are under 32 gallon capacity. Facility should verify this information and correct as needed.</p> <ol style="list-style-type: none"> <li>1.) No Resident was found to have been affected by this deficient practice.</li> <li>2.) No other Residents were found to be affected by the same deficient practice.</li> <li>3.) The Director of Plant Operation and the WDR/CVMC Purchasing Agent for WDR have been instructed that all soiled linen collection barrels are required to be 32 gallons or less. All barrels exceeding 32 gallons have been taken out of service.</li> <li>4.) The Director of Quality Assessment and Assurance will conduct random audits – three per week for four weeks – to confirm that all soiled linen and trash receptacles do not exceed 32 gallons. The results of these audits will be presented to the WDR QAA Committee.</li> <li>5.) February 17, 2023.</li> </ol>
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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

The above isolated deficiencies pose no actual harm to the residents

031099

Event ID: 8VDJ21

If continuation sheet 1 of 1

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

PRINTED: 02/02/2023  
FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/11/2022</b>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/11/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>WOODRIDGE NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>142 WOODRIDGE DRIVE BARRE, VT 05641</b>		
(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	
K 353	Continued From page 1 earth ground trouble fault was listed on the Fire Alarm control panel.	K 353			
K 752 SS=C	Upholstered Furniture and Mattresses CFR(s): NFPA 101  Upholstered Furniture and Mattresses Newly introduced upholstered furniture meets Class I or char length, and heat release criteria in accordance with 10.3.2.1 and 10.3.3, unless the building is fully sprinklered. Newly introduced mattresses shall meet char length and heat release criteria in accordance with 10.3.2.2 and 10.3.4, unless the building is fully sprinklered. Upholstered furniture and mattresses belonging to nursing home residents do not have to meet these requirements as all nursing homes are required to be fully sprinklered. Newly introduced upholstered furniture and mattresses means purchased on or after the LSC final rule effective date. 18.7.5.2, 18.7.5.4, 19.7.5.2, 19.7.5.4 This REQUIREMENT is not met as evidenced by: Survey activities, including walk-through with the Maintenance Director on 10/11/2022 at 10:30 am determined the following:  Combustible Halloween decorations were hanging in the vicinity of the sprinkler system discharge heads at the time of survey. This deficiency was abated on the day of survey.	K 752	1) No resident was found to be affected by this deficient practice since Halloween decorations were removed at the time of survey.  2) No other Residents were found to have the potential to be affected by this deficient practice since Halloween decorations were removed at the time of survey.  3) The Life Enrichment department and all other departments will follow the established guidelines in displaying holiday and/or special event posters and decorations so as to not hang in the vicinity of sprinkler system discharge heads.  4) The Director of Quality Assessment and Assurance will conduct random audits for the next four weeks verifying holiday and special event posters are not hanging in the vicinity of sprinkler system discharge heads. The results of the audits will be presented to the WDR QAA Committee.  5) February 17, 2023  <b>K752 Accepted 3/29/2023 M.Steele/TW</b>		