



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

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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

March 8, 2023

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 **February 21, 2023**. 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

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES

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. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/21/2023</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 05641</b>
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(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
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F 000  F 885 SS=E	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced onsite focused infection control survey was conducted by the Division of Licensing and Protection on 02/21/23. The following regulatory deficiency was identified: Reporting-Residents, Representatives &amp; Families CFR(s): 483.80(g)(3)(i)-(iii)</p> <p>§483.80(g) COVID-19 reporting. The facility must —</p> <p>§483.80(g)(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must—</p> <p>(i) Not include personally identifiable information; (ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. This REQUIREMENT is not met as evidenced by: The facility failed to develop or implement a mechanism to inform residents, their representatives, and families of those residing in</p>	F 000  F 885	<p>1) All Residents have the potential to be affected by this deficient practice. No Resident was found to be affected by this deficient practice.</p> <p>2) All other Residents have the potential to be affected by this deficient practice. No Residents were found to be affected by this deficient practice.</p> <p>3) The Woodridge Team reviewed the COVID-19 infection prevention processes and associated policies for notifying staff, residents, family and representatives to ensure alignments to CFR(s): 483.80(g)(3)(i)-(iii) Reporting-Residents, Representatives &amp; Families. The team found the existing Woodridge Rehabilitation and Nursing Policy entitled "Pandemic Novel Coronavirus C-19 Plan", section entitled Facility Communications, Paragraph 5 – requires notification to staff, residents/ family/ representatives by 5pm the next calendar day following (1) the occurrence of either a single confirmed infection of COVID-19, or (2) three or more symptoms occurring within 72 hours, in accordance with the regulation. Woodridge's system for notifying families is to send an electronic communication or a mailed letter or phone call, and a resident's notification is via a hand-delivered letter. A notice is also posted on the public Visitor front entrance door.</p> <p>4) All applicable staff will be re-educated on the policy "Pandemic Novel Coronavirus C-19 Plan", section entitled Facility Communications, Paragraph 5 through a combination of electronic, written, and/or in person education. Performance monitoring of the completed notification process in accordance with the "Pandemic Novel Coronavirus C-19 Plan" will be captured via</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Wally Roberts*

ADMINISTRATOR

3/7/23

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.

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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 05641</b>		
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F 885	<p>Continued From page 1 the facility by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other as evidenced by:</p> <p>During a focused infection control survey conducted on 2/21/23, the facility administrator was interviewed at approximately 12:00 p.m. to ascertain the mechanism by which residents, their representatives, and families are notified of confirmed cases of COVID-19. The administrator stated the unit nurse or manager calls representatives or families, an email is sent within 48 hours, and a sign is hung on the front door. At approximately 12:15 p.m. the director of nursing was interviewed to provide additional information regarding this practice. The director of nursing revealed there is no written policy or procedure to address the required notification but that the unit nurse or manager makes the phone calls as the administrator had described. Upon further questioning, it was also revealed that residents, with the exception of the president of resident council, are not advised of confirmed cases of COVID-19 in the facility nor is there a way to confirm if all representatives or families are notified.</p>	F 885	<p>a written log. Any instances of non-compliance will be reported to the QAA Committee thru the Administrator. Ongoing monitoring will be determined by leadership based on performance.</p> <p>5) All actions will be completed by March 17th, 2023.</p> <p><b>Tag F 885 POC accepted on 3/8/23 by H. Fox/P. Cota</b></p>		