VERMONT

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

April 6, 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 investigation survey conducted on **March 16, 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,

Pamela M Cota RN

Pamela M. Cota, RN
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475045	A. BUILDING _____ B. WING _____	C 03/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE NURSING HOME	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
F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an onsite, unannounced investigation of one complaint on 3/16/2023. The following regulatory violation was cited as a result:	F 000		
F 760 SS=E	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that its residents are free from significant medication errors for 1 of 3 sampled residents (Resident #1). Findings include: 1. Per record review, Resident #1's diagnoses include Pain in the Right Knee, Pain in the Left Knee, Pain in the Joints of the Right Hand, and Pain in the Joints of the Left Hand, multiple GI system procedures/surgeries, and Psoriatic Arthritis. Per review of Resident #1's MAR (Medication Administration Record), there is evidence of Resident #1 regularly not receiving medications scheduled for early morning administration, as well as receiving medications scheduled for early morning much later than prescribed. Per the record, Resident #1 was prescribed Acetaminophen 500 MG tablets 2 tablets by mouth every 6 hours for pain on 7/19/2022. Per the MAR, the scheduled medication is to be given at 12:00 Midnight, 6:00 AM, 12:00 PM, and 6:00	F 760	1. Resident #1 had no adverse outcome from the deficient practice. Resident's medication orders were reviewed by the Provider by 3/24/23. 2. All Residents have the potential to be affected by the deficient practice. A sampling of charts were audited for medication administration compliance in accordance with "Medication Administration at Woodridge" policy, and other residents were found to be affected. These resident charts were reviewed by the Provider who confirmed no adverse outcome. The following education plan will prevent a recurrence. 3. Staff will be educated to inform the Provider of delayed and missed doses of medications on the Provider's next visit or via electronic communication depending on the clinical situation in accord with the "Medication Administration at Woodridge" policy. Education will be provided via combination of electronic communications,huddles and meetings. 4. The Woodridge Nursing Department Leadership Team will audit a sampling of charts weekly for late administration and missed doses of medication is in accordance with the "Medication Administration at Woodridge" policy. The results of the Audit will be reviewed weekly by the Quality Coordinator and reported at the Quality Coordinator and reported at the Quality Assessment and Assurance (QAA) meeting. The audit duration and frequency may be extended by the Quality Coordinator and the Director of Clinical Nursing Services based on performance. 5. April 21, 2023 **Tag F 760 POC accepted on 4/6/23 by K. Ruffe/P. Cota**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

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 DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475045	A. BUILDING _____ B. WING _____	C 03/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE NURSING HOME	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
F 760	Continued From page 1 PM. The following doses of Acetaminophen were not administered per the MAR due to resident being asleep: - For the 12:00 Midnight dose, Resident #1 was marked as not having received the dose due to being asleep on 1/3/23, 1/6-1/8/23, 1/11-1/12/23, 1/14-1/22/23, 1/24-1/28/23, 1/30-1/31/23, 2/6-2/11/23, 2/16-2/20/23, 2/22/23, 2/24/23, 2/26-2/28/23, 3/3-3/4/23, 3/7-3/11/23, and 3/13-3/15/23. This accounts for approximately 50 missed doses of medication between January 1st 2023 and March 16th 2023. - For the 6:00 AM dose, Resident #1 was marked as not having received the dose due to being asleep on 1/3-1/8/23, 1/12-1/13/23, 1/15-1/25/23, 1/30/23 and 2/6-2/7/23. This accounts for approximately 22 missed doses of medication between January 1st 2023 and March 16th 2023. Per the record, Resident #1 was prescribed Folic Acid 1 mg tablet by mouth one time a day for supplement at 8:00 AM on 3/15/22. During the month of March 2023, the time-stamped MAR shows that the medication was actually administered at 2:50 PM on 3/3/23, 11:15 AM on 3/4/23, 12:47 PM on 3/5/23, 1:10 PM on 3/7/23, 10:36 AM on 3/8/23, 10:51 AM on 3/10/23, 1:35 PM on 3/11/23, 12:22 PM on 3/12/23, 5:12 PM on 3/14/23, and 4:22 PM on 3/15/23. Resident #1 is marked as not having received this medication at all on 3/8/23 and 3/13/23 due to being asleep. Per the record, Resident #1 was prescribed Hydroxychloroquine Sulfate 200 mg tablet by mouth one time a day for psoriatic arthritis at 8:00 AM on 3/3/22. During the month of March 2023, the time-stamped MAR shows that the medication was actually administered at 2:50 PM on 3/3/23, 11:14 AM on 3/4/23, 12:47 PM on	F 760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475045	A. BUILDING _____ B. WING _____	C 03/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE NURSING HOME	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
F 760	Continued From page 2 3/5/23, 1:09 PM on 3/7/23, 10:51 AM on 3/10/23, 1:35 PM on 3/11/23, 12:22 PM on 3/12/23, 5:12 PM on 3/14/23, and 4:22 PM on 3/15/23. Resident #1 is marked as not having received this medication at all on 3/8/23 and 3/13/23 due to being asleep. Per the record, Resident #1 was prescribed omeprazole 20 mg capsule 2 capsules one time a day for GERD (gastroesophageal reflux disease) at 9:00 AM on 1/21/23. During the month of March 2023, the time-stamped MAR shows that the medication was actually administered at 2:51 PM on 3/3/23, 11:14 AM on 3/4/23, 12:46 PM on 3/5/23, 1:08 PM on 3/7/23, 10:51 AM on 3/10/23, 1:38 PM on 3/11/23, 12:23 PM on 3/12/23, 1:20 PM on 3/14/23, and 4:23 PM on 3/15/23. Resident #1 is marked as not having received this medication at all on 3/8/23 and 3/13/23 due to being asleep. There is no evidence anywhere in the record of physician notification for missed doses of medication due to being asleep or physician approval to hold medications while sleeping. There are several provider assessment notes in the record from January 2023 to the date of survey that do not make any mention of missed medication. Per review of the facility's policy "Administration of Medications Including Intravenous Medications", under section E. Administering medications it reads, "11. If delayed administration occurs ... the physician must be notified on his/her next visit or via telephone call depending on the clinical situation and patient's need for medication."	F 760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475045	A. BUILDING _____ B. WING _____	C 03/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODRIDGE NURSING HOME	**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
F 760	Continued From page 3 Per interview on 3/16/23 at approximately 2:30 PM, the Director of Nursing confirmed the missed doses and late administration of medication.	F 760		