



**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

November 8, 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 **August 14, 2023**. 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,

A handwritten signature in cursive script that reads "tammy wehmeyer".

Tammy Wehmeyer  
Administrative Services Manager

Enclosure

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

PRINTED: 10/04/2023  
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>08/14/2023</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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K 000	INITIAL COMMENTS  The Division of Fire Safety completed an unannounced onsite Life Safety Code inspection on 8/14/23. Entry and exit interviews were conducted with the Maintenance Director. While the facility was found to be in substantial compliance with applicable Life Safety Code Requirements, the following issues were identified that require correction by the facility.	K 000		
K 222 SS=C	Egress Doors CFR(s): NFPA 101  Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a	K 222	1) A site visit was conducted on 10.13.23 with the (1) WDR Administrator, (2) the WDR Director of Plant Operations (3) the State of Vermont Life Safety Code Surveyor (4) the State of Vermont Fire Marshall and the (5) Emergency Exit Door Vendor to determine the best possible solution to the Finding as noted in Statement of Findings dated 10.04.23. 2) During the site visit noted in Item #1 above, a solution was arrived at by all persons in attendance that addressed both the functionality of the eleven doors and the signage on those eleven doors. 3) New signage will be made and affixed to the eleven EXIT doors identified during the site conducted as per Item #1 above. Signage to say "PUSH HERE & HOLD / ALARM SOUNDS DOOR WILL UNLOCK IN 15 SECONDS." Door operating functionality is acceptable and will remain as currently designed. 4) An audit of the to be installed signage will be conducted by the WDR Quality Assurance Coordinator upon the installation of the new signage. The results of the audit will be presented to the QAA Committee at their next regular scheduled committee meeting. Photos of the new EXIT door signage will be sent to all concerned to demonstrate compliance and to determine if a Life Safety Code Surveyor revisit is necessary.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Administrator* (X6) DATE: *10/16/23*

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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K 222	<p>Continued From page 1</p> <p>complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 <b>DELAYED-EGRESS LOCKING ARRANGEMENTS</b> Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 <b>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</b> Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 <b>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</b> Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: The delayed egress system remains functional, but requires special knowledge and lacks updated crash bars and latching mechanisms to effect egress (via 15 second delay). This condition was referred to a subject matter expert on egress systems within the Division of Fire</p>	K 222	<p>5) Updated EXIT door signage will be installed by 10.31.23.</p> <p><b>Tag K 222 POC accepted on 11/7/23 by M. Steele/T. Wehmeyer</b></p>	

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K 222	Continued From page 2 Safety for a uniform implementation across the healthcare occupancies.  This deficiency was reviewed with the Administrative Director and Maintenance Director at 2:00 PM on 8/14/2023.	K 222		