



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

September 7, 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 recertification survey conducted on **August 23, 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

Enclosure

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

PRINTED: 08/29/2023
FORM APPROVED
OMB NO. 0938-0391

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 08/23/2023
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 emergency preparedness survey on 8/23/23. There were no regulatory violations related to emergency preparedness. INITIAL COMMENTS	F 000		
F 697 SS=D	The Division of Licensing and Protection conducted an unannounced, onsite recertification survey from 8/21/23 through 8/23/23 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. Deficiencies were cited as a result of this survey. Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based upon interview and record review, the facility failed to ensure that residents received the treatment and care in accordance with professional standards of practice and the comprehensive care plan related to pain management for 1 resident [Res.#67] of 31 sampled residents. Findings include: Review of Res.#67's medical record reveals the resident was admitted to the facility on 3/20/23 with diagnoses that included Chronic Pain and Chronic Gout, and whose Care Plan identified the resident as having "pain related to chronic lower	F 697	1) Resident #67 was assessed for pain by the APRN on 08-28-2023. Resident at the time of assessment denied the presence of pain and had no adverse reaction to the missed doses of pain medication (CBD oil) Resident has a current order for Tylenol 1000mg twice a day. 2) All Residents have the potential to be affected by this deficient practice. The medical records of all residents receiving pain medications was audited by the Unit Managers for missed and unavailable medications. Providers were notified in cases of missed pain medication administration. 3) The facility educators have provided education via a combination of electronic communications, huddles and meetings to current licensed nurses instructing them to notify providers of unavailable and missed medications in accord with the "Medication Administration at Woodridge" policy. New hires will receive this education during orientation. 4) A sample of Resident medical records will be audited for missed or unavailable pain medications daily for four weeks by the Quality Assurance Manager. The	

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

TITLE

(X6) DATE

9-6-2023

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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F 697	<p>Continued From page 1</p> <p>back pain and age-related osteoporosis, osteoarthritis, gout, and Peripheral Vascular Disease". Review of Physician Orders for Res.#67 include "CBD Oil Drops- Give 10 drops sublingually two times a day for chronic pain" [CBD oil (Cannabidiol) is derived from the cannabis plant and prescribed to provide a reduction of inflammation and pain relief]. Per interview with Res.#67 on 8/23/23 at 9:22 AM the ordered CBD oil "helps with a whole bunch of things, including pain."</p> <p>An interview was conducted with Director of Nursing [DON] on 8/22/23 at 3:58 PM. The DON stated that the facility's procedure regarding missing or unavailable medications included notifying the resident's Physician that the medication was not being administered as ordered and receive instructions from the Physician as to how to proceed. The DON reported that Physician notification would be documented in the resident's Progress Notes.</p> <p>Per review of Res.#67's Medication Administration Record [MAR] for August 2023, the resident was scheduled to receive the CBD drops twice a day, at 8 AM and 8 PM. Between 8/1 and 8/19, the medication on the MAR is marked with the Chart Code '9', which reads "9 = Other / See Progress Notes" on 18 of 19 days. Review of Progress notes for Res.#67 between 8/1 and 8/19 include multiple notations that the medication as "Not given", "unavailable", "waiting for delivery" or "waiting for family to supply". Further review of the Progress Notes reveals no documentation that Res.#67's Physician was ever notified that the CBD drops to be given twice a day for chronic pain were not administered as ordered on 18 of 19 days. Further review of</p>	F 697	<p>results of the audits will be reviewed weekly with the Director of Nursing and presented to the Quality Assessment and Assurance committee. The audit duration and frequency may be extended as needed.</p> <p>5) The above actions will be completed by September 15th 2023.</p> <p>Tag F 697 POC accepted on 9/7/23 by H. Fox/P. Cota</p>		

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F 697	Continued From page 2 Res.#67's MAR reveals pain levels assessed as 5 or higher [scale of 0 to 10] on 8 of the 18 days. Per interview with Res.#67's primary care Nurse and 2 other staff nurses on Res.#67's unit on 8/23/23, the 3 nurses stated that if a resident's medication is missed or unavailable the Physician should be notified and the notification documented in the resident's medical record. The 3 staff nurses confirmed that Res. #67's MAR documented the pain medication as not administered as ordered on 18 days between 8/1 and 8/19/23, and there was no documentation that Res.#67's Physician was notified on any of the 18 days. The 3 nurses also confirmed that the MAR recorded on multiple days that the pain medication was documented as "unavailable" in the morning but initialed as given as ordered in the evening, and then again "unavailable" the next morning or the entire next day. The staff confirmed the medication, when available, was in a multiple dose container, and staff had no explanation how the medication could have been given a single time and then not be available hours later.	F 697			
F 712 SS=D	Physician Visits-Frequency/Timeliness/Alt NPP CFR(s): 483.30(c)(1)-(4) §483.30(c) Frequency of physician visits §483.30(c)(1) The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter. §483.30(c)(2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.	F 712	1) Residents #92 and #60 had no adverse reaction to the deficient practice. Both residents were seen by the physician on 8-28-2023 and both residents were seen by APRNs under the supervision of the Medical Director during the time period noted. 2) All Residents have the potential to be affected by the deficient practice. All resident's medical records were audited on 8-31-2023 by the Administrative Assistants. The Medical Director and the Director of Nurses reviewed the results of the audit and confirm that the Residents were seen by the APRNs without adverse outcomes during the time period noted. The education		

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F 712	Continued From page 3 §483.30(c)(3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally. §483.30(c)(4) At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure that 2 applicable residents (Residents # 92 and 60) in the sample of 25 were seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter. Findings include: 1. Resident # 92 was admitted 1/20/21. Review of provider progress notes between 8/22/22 - 8/22/23 shows that the Resident was not seen by a physician as required by regulation. This was confirmed by the Unit Manager on 8/22/23 at 12:44 P.M.. 2. Resident # 60 was admitted on 3/16/19. Review of provider progress notes between 8/22/22 - 8/22/23 shows that the Resident was not seen by a physician as required by regulation. This was confirmed by the Unit Manager on 8/22/23 at 12:44 P.M..	F 712	plan will prevent reoccurrence. 3) The Provider team and the Administrative Assistants were educated via a combination of electronic communications, huddles and meetings as to the frequency and timeliness of the physician visit and an alternate APRN visit. 4) The MDS Director will audit weekly for the three months a sample of the medical records of new admissions and existing residents to ensure that residents are seen by a physician timely and as per code and policy. The results of the audit will be reviewed monthly jointly by the Quality Assurance Coordinator and the Nursing Director and reported at the QAA meeting. The audit duration and frequency may be extended based on level of compliance. 5) Compliance will be completed by September 15th 2023. Tag F 712 POC accepted on 9/7/23 by H. Fox/P. Cota		