



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 9, 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 complaint investigation conducted on **October 27, 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: 11/02/2023
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 C 10/27/2023
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
F 000	INITIAL COMMENTS	F 000		
F 609 SS=D	<p>The Division of Licensing and Protection conducted an unannounced, onsite complaint/FRI investigation, including reports #22347 and #22353, from 10/25/23 through 10/27/23 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. A deficiency was cited as a result of this survey.</p> <p>Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified</p>	F 609	<p>1. The timeline of reporting the allegations of Resident #1 regarding rough treatment and threatening statements was reviewed by the Director of Clinical Nursing Services on 10/27/2023. The Resident has been reassessed by the Director of Clinical Nursing Services and Resident stated that she feels safe here at Woodridge.</p> <p>2. All Residents have the potential to be affected by this deficient delayed reporting practice. The Social Services department will randomly interview five Residents per week for the next four weeks to determine if any other Resident is affected by this deficient delayed reporting practice.</p> <p>3. Woodridge will provide education, via a combination of electronic communications, huddles and all-staff meetings, on the timely reporting requirements to the Administrator or designated representative, regarding allegations of abuse, mistreatment, exploitation and neglect, in accord with CMS F609 and State of Vermont requirements.</p> <p>4. The Quality Assurance Coordinator will conduct an audit for the next four consecutive weeks to assure timely reporting of the allegation in accord with CMS F609 and State of Vermont requirements and Woodridge policy. Findings of the audit will be presented at the next Quality Assurance Committee meeting. The duration of the audits maybe extended based on the level of compliance.</p>	

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Handwritten Signature]

ADMINISTRATOR

11/8/23

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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F 609	<p>Continued From page 1</p> <p>appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interview, staff interview, and record review, the facility failed to ensure that allegations involving abuse are reported no later than 2 hours to the Administrator of the facility and the State Survey Agency for Resident #1. Findings include:</p> <p>1. Per interview on 10/25/23 at approximately 2:00 PM, Resident #1 stated that they have issues with a few LNAs (licensed nursing assistants) who provide them with personal care. Resident #1 stated that they frequently report concerns to the facility's LES (Life Enrichment Specialist) and that these concerns have included allegations of rough treatment and threatening statements.</p> <p>Per interview on 10/25/23 at approximately 2:30 PM, the LES stated that they speak with Resident #1 frequently about their concerns, and that one of the concerns shared with the LES includes an allegation that 2 LNAs threatened to refuse to provide care for Resident #1. The LES does not remember exactly when this allegation was made, but it was at least several weeks prior, if not more. The LES confirmed that they had not alerted the Administrator to these allegations because the LES was doubtful that this allegation was true, and they could not prove that it occurred.</p> <p>Per interview on 10/25/23 at approximately 3:30 PM, the LES again confirmed that they had not made the Administrator aware of the LNAs' alleged threats to refuse to provide care to Resident #1. The Director of Nursing and the</p>	F 609	<p>5. Compliance completion by November 30, 2023.</p> <p>Tag F 609 POC accepted on 11/9/23 by K Ruffe/P. Cota</p>	

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F 609	<p>Continued From page 2</p> <p>Social Worker both confirmed at this time that they were never made aware of this allegation either, and that the Administrator delegates investigation of all allegations to them.</p> <p>2. Per interview on 10/25/23 at approximately 2:00 PM, Resident #1 stated that recently an LNA said to them, "If something bothers you, you can bet that I'm going to keep doing it to you." Resident #1 had not reported this to anyone at the facility as of this interview.</p> <p>At approximately 3:00 PM on 10/25/23, this surveyor made the Director of Nursing aware of the allegations that Resident #1 had shared.</p> <p>Per review of the State Survey Agency intake records, the facility had not reported the allegation of abuse as of 11:30 AM on 10/26/23.</p> <p>Per phone interview on 10/26/23 at 11:45 AM, the Director of Nursing confirmed that they had not reported the allegation to the State Survey Agency yet because they believed that they had 24 hours from the time of discovery to make the report.</p>	F 609			