



**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

December 26, 2024

Mr. David Laplante, Administrator  
Woodridge Nursing Home  
142 Woodridge Drive  
Barre, VT 05641-0550

Dear Mr. Laplante:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **December 4, 2024**. 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, BS  
Assistant Division Director  
State Survey Agency Director

Enclosure

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


PRINTED: 12/17/2024  
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. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/04/2024</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	INITIAL COMMENTS  The Division of Licensing and Protection conducted an unannounced, onsite facility self-report investigation, of ACTS #23283 and two complaints #23238 and #23281 on 12/4/2024 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. A deficiency was cited as a result of this survey.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)  §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.  §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.  §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.	F 550	F550D 1- Resident #1 expired on 10 -27-2024. Nurse #1 is on administrative leave effective 12-06-2024. 2- A review of residents was conducted by Social Worker to identify any residents on the nurse's assignment no concerns were identified. 3- Re-education was conducted by the Facility Educators on 12-17-2024 with staff regarding dignity of residents and approaching residents in a dignified manner. 4- Random audits will be conducted weekly by Social Services to identify dignity concerns with accompanying follow up actions as required. These findings will be reviewed in the Quality Assurance Meeting / Quality Assurance Performance Improvement Committee for further review until such time that compliance has been achieved as determined by the committee. 5- Compliance completion by December 19, 2024.  Tag F 550 POC accepted on 12/23/24 by D. Hoffman/P. Cota	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Administrator</b>	(X6) DATE <b>12/19/24</b>
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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</b> <b>BARRE, VT 05641</b>		
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F 550	<p>Continued From page 1</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to ensure that 1 of 3 sampled residents (Resident #1) was treated with dignity and respect in relation to staff-to-resident interaction. Findings include:</p> <p>Per record review, Resident #1 has resided at the facility since 2022 and has a diagnosis of dementia.</p> <p>Per review of a facility-reported incident reported to the State Survey Agency, a family member reported to the facility their concerns regarding the treatment of Resident #1 by a staff member. The family member indicated that Resident #1 was "yelled at" by Nurse #1, which caused Resident #1 to cry. The facility investigation revealed an interview with a family member dated 8/29/2024, which reads, "I feel this nurse [Nurse#1] does not like [Resident #1] ...S/he is rude and blunt."</p> <p>The facility's 5-day investigation report submitted to the State Agency contained statements from several staff members indicating that Nurse #1 had been overheard being loud and rude to</p>	F 550			

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F 550	<p>Continued From page 2</p> <p>Resident #1 and other residents more than once. The 5-day report substantiated the allegations that Nurse #1 did not treat Resident #1 with dignity and respect.</p> <p>On 12/4/2024 at approximately 3:00 PM during an interview with the Director of Nursing (DON), s/he indicated Nurse #1 was verbally instructed not to care for Resident #1 as a result of the investigation.</p> <p>Per the interview on 12/4/24 at approximately 3:00 PM, the Director of Nursing indicated Nurse #1 did not treat Resident #1 with respect and dignity. S/he agreed that the allegations that Nurse #1 acted in an undignified and disrespectful manner to Resident #1 were substantiated.</p>	F 550		
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