

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

August 25, 2021

Mr. William Kowalewski, Administrator
Woodridge Nursing Home
142 Woodridge Drive
Barre, VT 05641-0550

Provider ID #: 475045

Dear Mr. Kowalewski:

The Department of Public Safety, Division of Fire Safety completed a **Life Safety Code survey** at your facility on **August 4, 2021**. The purpose of the survey was to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and Medicaid programs. This survey found that your facility was in substantial compliance with the participation requirements. **However, there are two deficiencies that do not require a plan of correction but do require a commitment to correct.** All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations. Please **sign the enclosed CMS-2567 and return** the original to this office by **September 4, 2021**.

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to Suzanne Leavitt, RN, MS, Assistant Division Director, Division of Licensing and Protection. This request must be sent during the same ten days you have for returning the enclosed CMS-2567 statement of deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

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

PRINTED: 08/25/2021
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 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/04/2021
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	
K 000	INITIAL COMMENTS The Division of Fire Safey completed an unannounced onsite Life Safety Code inspection August 4, 2021. Entry and Exit interviews were conducted with the Physical Plant Manger and the Director of Clinical Nursing Services. While the facility was found to be in compliance with applicable Life Safety Code Requirements, the following issues were identified and require a commitment to correct by the facility.	K 000			
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 ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 475045	MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	DATE SURVEY COMPLETE: 8/4/2021
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NAME OF PROVIDER OR SUPPLIER WOODRIDGE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 142 WOODRIDGE DRIVE BARRE, VT
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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K 500	<p>Building Services - Other CFR(s): NFPA 101</p> <p>Building Services - Other List in the REMARKS section any LSC Section 18.5 and 19.5 Building Services requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>This REQUIREMENT is not met as evidenced by: Per observation on August 4, 2021, the facility failed to ensure that NFPA 101 Chapter 19 19.5.2.1 Heating, ventilation, and air conditioning shall comply with teh provisions of Section 9.2 and shall be installed in accordance of teh manufacturers spcifications, unless otherwise modified by 19.5.2.2. Findings include the following:</p> <p>Per observation on August 4, 2021, and accompanied by the Physical Plant Manager and the Director of Clinical Services, inspection revealed that the three yer commissioned boiler inspection for all boilers and pressure vessels is out of date as of July 2021.</p>
K 911	<p>Electrical Systems - Other CFR(s): NFPA 101</p> <p>Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by: Per observation on August 4, 2021, the facility failed to ensure that EPS equipment is installed in a location easily accessible, as required by Chapter 6 NFPA 99 6.4.1.1.8.2. The EPS equipment shall be installed in a location that permits ready accessibility and a minimum of 0.9 m (36 in.) from the skid rails outmost point in the direction of access for inspection, repair, maintenance, cleaning, or replacement. This requirement shall not apply to units in outdoor buildings. Findings include the following:</p> <p>Per observation on August 4, 2021, and accompanied by the Physical Plant Manager and the Director of Clinical Services, inspection revealed that the electrical disconnect for the kitchen steamer was located in an inaccessible location as the refrigerator blocked it.</p>

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

The above isolated deficiencies pose no actual harm to the residents