VERMONT

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 30, 2024

Ms. Amanda Moxley, Administrator
Barre Gardens Nursing and Rehab, LLC
378 Prospect Street
Barre, VT 05641-5421

Dear Ms. Moxley:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **December 2, 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,

PamelaMCotaRN
Pamela M. Cota, RN, BS
Assistant Division Director
State Survey Agency Director

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475037	A. BUILDING _____ B. WING _____	C 12/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARRE GARDENS NURSING AND REHAB LLC	378 PROSPECT STREET 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 The Division of Licensing and Protection conducted an unannounced, on-site investigation of complaints #23038, # 23109 and FRI # 23094 to determine if the facility was in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. A regulatory violation was identified as a result.	F 000	The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. Barre Gardens has prepared and executed a plan of correction as evidence of the facility's continued compliance with applicable law.	
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	Resident #1 discharged from the facility on June 20, 2024. All residents in the facility are at risk for this alleged deficient practice. The nurse on duty who overheard the incident between LNA #1 and Resident #1 notified the on-call nurse who gave the directive to send LNA #1 home and asked that statements from witnesses be collected. The director of nursing notified the LNA #1's agency of the event and that he/she was placed on suspension pending investigation. Upon completion of investigation, the facility determined that the allegations of undignified, disrespectful behavior of LNA #1 toward Resident #1 was substantiated. His/her agency was notified of the outcome, and his/her contract was terminated immediately.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Amanda Cudlip	Administrator	12/19/2024

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 550	Continued From page 1 §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. §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. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to protect and promote the rights of 1 of 3 sampled residents (Resident #1) by failing to treat the Resident with respect and dignity in a manner and in an environment that promotes the maintenance or enhancement of their quality of life. Findings include: Per record review, Resident #1 resided in the facility from 5/21/24 to 6/20/24 with diagnoses of hemiplegia (paralysis of one side of the body) and hemiparesis (weakness of one entire side of the body) following a cerebral infarction (a pathologic process that results in an area of dead tissue in the brain) affecting his/her right side and a displaced fracture of his/her right humerus. Per review of the facility's initial report submitted to the State Agency on 8/29/2024 and written witness statements, a Licensed Nursing Assistant (LNA) behaved disrespectfully and undignified toward the resident. A witness statement dated 6/16/2024 from a Licensed Practical Nurse (LPN) and a witness	F 550	All staff will be educated on resident rights, focusing on treating all residents in a dignified and respectful manner. Administrator or designee will conduct random weekly resident interviews X 4 and monthly X 2 to ensure residents feel they are being treated in a dignified and respectful manner. The audit results will be reviewed at QAPI for further interventions. Date of completion: 12/27/2024 **Tag F 550 POC accepted on 12/28/24 by D. Hoffman/P. Cota**	

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F 550	Continued From page 2 statement from a Licensed Nursing Assistant (LNA) indicate they both saw LNA#1 place Resident#1, who was in a wheelchair, near the nurse's station and was overheard saying to the resident, "What would be best is if you sit down and shut the [expletive] up." A review of the 5-day summary report submitted to the State Agency by the facility indicates the facility substantiated the allegations of undignfied, disrespectful behavior from LNA #1, toward Resident #1. Per interview with the Administrator on 12/2/2024 at approximately 3:45 PM, s/he confirmed the incident occurred and agreed that speaking to the resident in this manner was not dignified or respectful.	F 550		