

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

April 13, 2016

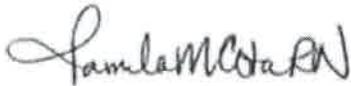
Mr. Richard Morley, Administrator
Woodridge Nursing Home
P.O. Box 550
Barre, VT 05641-0550

Dear Mr. Morley:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on .
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
Licensing Chief



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

APR 11 2016

PRINTED: 03/31/2016
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475045	(X2) MULTIPLE CONSTRUCTION A. <u>BUILDING</u> ----- B. WING	(X3) DATE SURVEY COMPLETED C 03/21/2016
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NAME OF PROVIDER OR SUPPLIER WOODRIDGE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE P.O. BOX 550 BARRE, VT 05641
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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 investigation of a facility self-report on 3/21/16. Regulatory violations were cited as a result.

F 242 483.15(b) SELF-DETERMINATION- RIGHT TO MAKE CHOICES

The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.

This REQUIREMENT is not met as evidenced by:

Based on staff interview and record review, the facility failed to ensure that one applicable resident (Resident #1) had the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care. Findings include:

Per record review on 3/21/16, Resident# 1's rights to choose were not heeded during care. Per review of the care plan related to self care deficit, Resident #1 likes to wear her bra at night. The care plan states to offer to remove bra but respect resident preference. Review of a nursing note dated 3/3/16 at 4:36AM indicated that a Licensed Nursing Assistant (LNA) was in to prompt and assist Resident# 1 to remove her bra. Resident# 1 became combative and was flailing her arms while the LNA removed her bra. The Resident complained of hand pain and it was

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Corrective Action:

After the incident occurred another staff member took over the care of Resident #1. The licensed nurse on-duty assess the patient and provided ice to the affected finger and Tylenol per the order. The physician and family were notified. Portable X-Ray was obtained on-site and hand was splinted by PT and orthopedic follow-up was scheduled for 3/9/2016.

Other Residents:

On 3/3/16, Social Worker interviewed several residents who were on the same unit to ensure that their rights were being respected and that residents felt happy and safe with the care provided at Woodridge.

Systemic Changes:

Resident rights facility-wide in-service for staff who work full-time (FT) and part-time (PT). Direct-care staff is defined as: RN's, LPN's and LNA's.

Monitoring:

Weekly observational audits to ensure compliance for Resident #1 will be performed by one of the following staff members: ADON, Unit Directors or Licensing Nursing Staff. Observational audits to start the week of 4/11/2016. Two observational audits to be completed weekly x 30 days. DNS and Quality Committee to monitor.

F242 POC accepted 4/12/16 RTrendley/pmc

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

TITLE

(X6) DATE

[Signature] Administrator

4/8/16

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 242 Continued From page 1
later determined that Resident# 1 sustained a finger fracture. During a 3/21/16, 10:45 AM interview with the Unit Manager (UM), the UM confirmed that the care plan stated that staff were to respect the resident's preference regarding removal of the bra. The UM also confirmed that staff did not follow the care plan and that there had been a violation of the resident's rights.

F 282 : 483.20(k)(3)(ii) SERVICES BY QUALIFIED SS=D PERSONS/PER CARE PLAN

The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.

This REQUIREMENT is not met as evidenced by:

Based on staff interview and record review, the facility failed to implement the plan of care for 1 applicable resident (Resident #1). Findings include:

Per record review on 3/21/16, the facility failed to implement the care plan for Resident #1 during care. Per review of the care plan related to self care deficit, Resident #1 likes to wear her bra at night. The care plan states to offer to remove bra but respect resident preference. Review of a nursing note dated 3/3/16 at 4:36AM indicated that a Licensed Nursing Assistant (LNA) was in to prompt and assist Resident# 1 to remove her bra. Resident # 1 became combative and was flailing her arms while the LNA removed her bra. The Resident complained of hand pain and it was later determined that Resident #1 sustained a finger fracture. During a 3/21/16, 10:45 AM

F 242 F282
Corrective Action:
The care plan for Resident #1 was updated to resident preferences for wearing her bra, 3/3/2016.

Other Residents:
Resident-centered care planning in-service to be completed by 4/21/2016 with full-time and part-time RN's and LPN's to ensure compliance with residents rights and care planned preferences.

Systemic Changes:
Training and random audits. Monthly reviews of audits to be completed and presented to the Quality Assurance Committee for further recommendations pending results.

Monitoring:
Random audits, 6 per month x 3 months (2 audits per Spruce, Maple and Evergreen units) for a total of 18 reviews. This is in addition to audits completed for Resident #1. Audits to include ADL care plans review to ensure Care plans are resident-center; ensure care plans are linked to the Kardex and POC.

F282 POC accepted 4/12/16 RTwenday RN/PMU

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F 282 Continued From page 2
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F 282