

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475037	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/02/2024
NAME OF PROVIDER OR SUPPLIER  Barre Gardens Nursing and Rehab LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  378 Prospect Street Barre, VT 05641	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48017</b></p> <p>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:</p> <p>Per record review, Resident #1 resided in the facility from [DATE] 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.</p> <p>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.</p> <p>A witness statement dated 6/16/2024 from a Licensed Practical Nurse (LPN) and a witness 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 undignified, disrespectful behavior from LNA #1, toward Resident #1.</p> <p>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.</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 correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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