

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 03/05/2025
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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that residents received funds and jurisdiction of those funds within thirty days for one resident (Resident #1) out of three sampled residents. Findings include:</p> <p>Per telephone interview on [DATE] at 11:57 AM, Resident #1's Family Representative, who is charge of Resident #1's estate, stated that s/he requested a reimbursement of funds after the resident passed away on [DATE]. S/he stated s/he did not receive a check from the facility of approximately \$1400 until May or June [of 2024]. The Family Representative expressed frustration with the situation.</p> <p>Per record review, Resident #1 passed away on [DATE].</p> <p>A review of the Summation Financial Services Check Request Form states that the date of request was [DATE] for \$1464.60 to be delivered to the Family Representative. Per record review, there is a FedEx delivery tracking document that states that the check was delivered on [DATE] at 11:42 AM. This was received 85 days after Resident #1 passed away.</p> <p>Per record review, the facility's policy Resident Trust Distribution of Funds Policy [last revised [DATE]] states, deceased /discharged Residents: the Resident Funds Manager will distribute within 30 days the resident's funds and a final accounting of the funds, to the resident, funeral home or to the individual or probate jurisdiction administering the resident's estate.</p> <p>An interview was conducted with the Administrator on [DATE] at 12:46 PM. The Administrator confirmed the resident's funds were not distributed to the individual administering the resident's estate within 30 days.</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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