

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  04/17/2025
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 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on interview and record review, the facility failed to follow their processes for documenting high value personal property for one of three resident (Resident #1). Findings include:</p> <p>Per interview on 4/16/25 at 1:23 PM with Resident #1's Durable Power of Attorney (DPOA) s/he stated that s/he was not aware that Resident #1's hearing aids were missing until s/he went to the facility to pick up his/her belongings. S/He stated that the nurse on duty told him/her that Resident #1's hearing aids had been missing for about two weeks before s/he passed on 5/1/24. S/He stated that Resident #1's hearing aids cost \$6,495.00. S/He stated that s/he was never notified that the hearing aids were lost and would have come in the help look for them if known.</p> <p>Per record review of nurse's notes dated 4/5/24 - 4/25/24, Resident #1's hearing aids were documented as missing. There is no documentation that the DPOA was notified of the missing hearing aids.</p> <p>Per interview on 4/16/25 at 11:17 AM, the Administrator stated that when a resident is admitted to the facility, a Licensed Nursing Assistant (LNA) completes the belongings list and has a nurse sign it.</p> <p>Per review of the belongings list titled Inventory of Personal Effects, there is a spot for the LNA to indicate if a resident's belongings include hearing aids and their value. This form also has a spot for the resident or responsible party to sign.</p> <p>Per record review, Resident #1's Inventory of Personal Effects, dated 3/6/24, does not include his/her hearing aids on the list of belongings. The Inventory of Personal Effects is not signed by Resident #1 or Responsible Party.</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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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>Based on interview and record review, the facility failed to assist a resident to schedule a follow-up appointment with a provider specializing in the treatment of hearing impairment for one of three residents in the sample (Resident #1). Findings include:</p> <p>Resident #1 was admitted to Barre Gardens with a pair of reprogrammable hearing aids on 3/6/24. Per record review, Resident #1's has a Care Plan intervention dated 3/7/24 that reads, Resident uses bilateral hearing aids. Prefers to keep at bedside.</p> <p>A 4/2/2024 nursing note reveals, Noted [s/he] did not have [his/her] right hearing aid.- social services made aware.</p> <p>Per record review, a nursing notes dated 4/6/24 reads, Unable to find hearing aids this shift. Social services message left regarding hearing aids.</p> <p>Per record review from 4/6/24 through 4/25/24, nursing documentation continues to show both of Resident #1's hearing aids are missing. There is not any documentation that indicates the Durable Power of Attorney (DPOA) was notified that Resident #1's hearing aids were lost.</p> <p>Per interview on 4/16/25 at 9:45 AM with the facility Administrator and the Social Worker, both the Administrator and the Social Worker confirmed that the right hearing aid belonging to Resident #1 was missing. The Social Worker stated that she did not receive the voice mail.</p> <p>Per interview on 4/17/25 at 3:56 PM with the Social Worker, she stated she had never received notification that both hearing aids were missing, so she didn't contact family. She explained that when hearing aids are missing, the resident should be scheduled for a follow-up appointment with audiology. She could not provide evidence that a referral or follow up appointment was made for Resident #1.</p> <p>Per record review, there is no documentation related to scheduling an appointment with audiology for Resident #1 after their hearing aids went missing.</p>		