

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 04/20/2026
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 - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews, the facility failed to maintain a clean and homelike environment for residents who use the common areas by failing to maintain clean air vents for three out of three common areas. Findings include:Per review of the facility policy titled Departmental (Maintenance)-Plumbing, HVAC and Related Systems revised 2011, it states to clean air vents and air handling units at least annually.Per review of a NADCA (National Air Duct Cleaners Association) certified company, [NAME] Duct and Dryer Vent Cleaning LLC website (Duct and Vent Cleaning in Nursing Homes and Hospitals [NAME] Duct & Dryer Vent Cleaning, LLC), they identify that air ducts (a system that distributes air throughout a building) can accumulate dust debris, allergens, and pathogens overtime and that in hospitals and nursing homes it can pose an increased risk to residents with compromised immune systems or respiratory issues leading to serious health risks. Additionally, it states that dirty ducts can circulate contaminants throughout a facility, potentially exacerbating chronic respiratory health conditions like asthma, allergies and other respiratory illnesses.Per observation at approximately 9:40 AM on 4/20/26 of the three resident common areas, there were 14 ceiling air vents that were observed to have a black and brown substance on them that appeared dark black, speckled, and fuzzy. In all three dining areas, all 14 air vents had black material on them covering a significant portion of the air vent about 50-75 percent.Per observation and interview with the Maintenance Director on 4/20/26 at 10:22 AM, he confirmed that the 14 ceiling air vents had a black and brown residue on them, with multiple ceiling tiles having brown stains. He stated that the brown stains appeared to be old water damage and that the ceiling vent fans appeared to be dusty. He stated that he did not have records on when they were last cleaned. He also confirmed that four sprinklers had a grey substance on them which he believed was dust in the wing 2 dinning area.Per interview with the Director of Nursing (DON) on 4/20/26 at 11:40 AM, she confirmed that there are 27 residents in the facility with chronic respiratory diagnoses. There was a total of 87 residents admitted .Per interview with the Infection Preventionist on 4/20/26 at 3:49 PM, she confirmed that the ceiling vents needed to be cleaned.Per interview with the Administrator and Maintenance Director on 4/20/26 at 3:54 PM, the Administrator stated that the ducts are cleaned annually per their policy and that it is the responsibility of the maintenance team. When asked if they should be cleaned when they become dusty, she indicated that they should be as well. The Maintenance Director reported that he was unaware of when the vents were last cleaned as they had not been cleaned since he came on to this role (approximately four months).</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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