

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  475045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/04/2024
NAME OF PROVIDER OR SUPPLIER  Woodridge Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  142 Woodridge Drive 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>48017</p> <p>Based on record review and staff interview, the facility failed to ensure that 1 of 3 sampled residents (Resident #1) was treated with dignity and respect in relation to staff-to-resident interaction. Findings include:</p> <p>Per record review, Resident #1 has resided at the facility since 2022 and has a diagnosis of dementia.</p> <p>Per review of a facility-reported incident reported to the State Survey Agency, a family member reported to the facility their concerns regarding the treatment of Resident #1 by a staff member. The family member indicated that Resident #1 was yelled at by Nurse #1, which caused Resident #1 to cry. The facility investigation revealed an interview with a family member dated 8/29/2024, which reads, I feel this nurse [Nurse#1] does not like [Resident #1] .S/he is rude and blunt.</p> <p>The facility's 5-day investigation report submitted to the State Agency contained statements from several staff members indicating that Nurse #1 had been overheard being loud and rude to Resident #1 and other residents more than once. The 5-day report substantiated the allegations that Nurse #1 did not treat Resident #1 with dignity and respect.</p> <p>On 12/4/2024 at approximately 3:00 PM during an interview with the Director of Nursing (DON), s/he indicated Nurse #1 was verbally instructed not to care for Resident #1 as a result of the investigation.</p> <p>Per the interview on 12/4/24 at approximately 3:00 PM, the Director of Nursing indicated Nurse #1 did not treat Resident #1 with respect and dignity. S/he agreed that the allegations that Nurse #1 acted in an undignified and disrespectful manner to Resident #1 were substantiated.</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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