

Division of Licensing and Protection

103 South Main Street

Waterbury, VT 05671-2306

<http://www.dail.vermont.gov>

Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

January 20, 2015

Ms. Ursula Margazano, Administrator
Woodridge Nursing Home
P.O. Box 550
Barre, VT 05641-0550

Dear Ms. Margazano:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 29, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PRINTED: 01/09/2015
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 476045	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2014
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NAME OF PROVIDER OR SUPPLIER WOODRIDGE NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE P.O. BOX 550 BARRE, VT 05641
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323	Continued From page 1 PM, the LNA who left the resident unattended stated that h/she was aware of the need for the personal alarm and confirmed that h/she had left the resident unattended for a short time.	F 323	<p>LNA involved in incident was re-educated regard patient safety and given a Written Warning Corrective Action to reinforce standard and expectations related to safety Nursing staff re-educated regarding safety expectation in the shower room for alarmed residents</p> <p style="text-align: right;">Unit Mng, DNS, SDC, Admin and/or designee</p> <p>Random competency quiz given to nursing staff weekly Xs 3 months to ensure understanding of alarm interventions and patient safety related to that intervention. Outcome results reported in Department Review Meeting weekly and at QAPI Meeting with changes to process made as appropriate</p> <p style="text-align: right;">Unit Mng, DNS, SDC, Administrator and/or designee</p> <p><i>F323 POC accepted 1/15/15. R. Tremblay, RN, PMU</i></p>	<p>12/19/2014</p> <p>1/15/2015</p> <p>1/15/2015</p> <p>on-going</p>