VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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AGENCY OF HUMAN SERVICES

August 29, 2025

Mr. Timothy Whitman, Administrator
Woodridge Nursing Home
142 Woodridge Drive
PO Box 550
Barre, VT 05641

Provider ID #: 475045

Dear Mr. Whitman:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **July 24, 2025.** 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
Pamela M. Cota, RN, BS
Assistant Division Director
State Survey Agency Director

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475045	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodridge Nursing Home	142 Woodridge Drive PO Box 550, Barre, Vermont, 05641

(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
F0000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite investigation of one complaint including report #2563803, on 7/23/25 with an offsite interview on 7/24/25 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory deficiencies were identified:	F0000		
F0600 SS = D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview and record review, the facility failed to protect the resident's right to be free from sexual abuse by a resident for 1 of 7 sampled residents (Resident #2). Findings include: Per record review of Resident #2's care plan dated 5/29/2025, Resident #2 is a quadriplegic, has cerebral palsy and decreased range of motion. Resident #2's care plan also mentions that the Resident requires a mechanical lift with assistance from two staff members to move. Resident #2's Brief Interview for Mental Status (a score assessing memory and cognitive function) is 14 out of 15 indicating that Resident #2	F0600	1a.) Resident #1 was reassessed by Care Coordinator, Social Services on 7/9/25. The resident was relocated to another unit on 7/11/24 and to a private room on 7/14/25 to limit the effects of his behavior on others. The resident's care plan was updated on 7/15/25 and 7/16/25. The resident is safe and continues to be under the care of a physician to manage behaviors and interventions. 1b.) Resident #2 was reassessed by Care Coordinator, Social Services and by the consultant Psychologist, on 7/9/25. Abuse prevention measures included resident's room change completed 7/9/25. The resident's care plan was updated on 7/16/25 and 8/11/25. The resident has been visited by SS regularly following this event to ensure he continues to be reassured and feels safe. 2.) A review of residents in the facility was conducted by Registered Nurses between 8/20/25 and 8/22/25 and there were no new reports of residents feeling unsafe or sharing concerns of abuse, mistreatment, or sexual abuse concerns. 3.) Re-education was provided to the Administrator and Director of Nurses on 7/24/25 by Strategic Cares Solutions Senior RN Consultant regarding recognizing a resident's response to a situation that causes anguish, fear, or distress, as potential abuse requiring appropriate notifications, reporting, investigation and follow-up. Education was provided to the Social Services Team by the DON regarding the identification of potential resident abuse, investigation and reporting requirements on 8/20/25.Staff re-education regarding abuse reporting was developed by nurse educators and deployed to each department and will be completed on 8/29/25. 4.) A Resident interview and an audit of 5 residents from each unit will be conducted weekly by the Social Services manager or licensed nurse designee to evaluate resident safety and security. Concerns will be investigated immediately and reported as required. Audits will be conducted for 12 weeks and reviewed at QAPI meetings further reviews will be determined per the recommendation of the QAPI committee. 5.) Date of Correction: 9/3/25	

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 reverse for further 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
Wendy Lebate, AOR / Debbee Reynolds, RN	Director of Clinic Nursing Services	08-25-26

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F0600 SS = D	Continued from page 1 is cognitively intact. Resident #2 was observed on 7/23/2025 at 12:50 PM having difficulty repositioning himself in bed raising concern that Resident #2 wouldn't have been able to move away from Resident #1 who is able to "mobilize in wheelchair independently" per his/her care plan dated 6/25/2025. Per record review, an administration note dated 7/8/2025 states "resident exhibiting concerning behavior several times this evening where staff observed [him/her] sitting in his/her wheelchair on [his/her] roommate's side of the room (next to roommate's bed) [Resident #2] and appearing to masturbate. Resident became angry with staff when [s/he] was taken out of roommate's space, and also angry when staff would not allow [him/er] to go back to that side of the room...". A Social Workers progress note dated 7/9/2025 reports that Resident #2's roommate (Resident #1) was observed "rummaging through [Resident #2's] personal belongings and then [s/he] was found sitting beside [Resident #2's] bed masturbating. SS [Social Services] was told that [Resident #2] was not feeling comfortable remaining in the room with [his/her] roommate." Resident #2 stated he/she felt "very uncomfortable and scared". Per interview with Resident #2 on 7/23/2025 at 12:50 PM, they reported the incident made him/her uncomfortable when Resident #1 was next to his/her bed. Per record review, the facility abuse policy titled "Prevention of Abuse" reviewed on 11/18/2024 states that "Instances of abuse of residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse and mental abuse...". Per interview with the Director of Nursing (DON) and the Administrator on 7/23/2025 at 12:30 PM, the DON and the Administrator confirmed that Resident #1 was found next to their roommate, Resident #2, masturbating.	F0600	**Tag F0600 POC accepted on 8/27/25 by C. Howard/S. Stem**	
F0607 SS = E	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that:	F0607		

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F0607 SS = E	Continued from page 2 §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act. §483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to implement national background checks on two out of five employees sampled. Findings include: Per record review of five employees' personnel files, RN [Registered Nurse] #1 and LPN [Licensed Practical Nurse] #1 did not have national background checks in their employment file. RN#1 was hired in 8/13/12 and LPN#1 was hired on 8/25/14. RN#1 has worked at the facility for almost thirteen years without a background check. LPN#1 has worked at the facility for approximately 10 years without a national background check. Per record review of the facility's "Prevention of Abuse" policy [last reviewed 11/18/24] states, "A. Before new employees are permitted to work with residents, [The facility]'s human resources shall conduct a comprehensive hiring process which will	F0607	1a.) RN#1's national background check was submitted on 08/19/2025. 1b.) LPN#1's national background check was submitted on 08/20/2025. 2.) On August 15, 2025 a review of current staff national background checks was conducted by the Human Resources Associate at Central Vermont Medical Center. As a result of this review, a plan has been implemented to ensure all staff have completed the required national background checks. Staff members identified as missing national background checks were notified via email on August 18, 2025, with instructions to complete the background check authorization as required. All consents and background requests are submitted as they are received. All requests will be submitted by 8/27/25. Staff who have not completed the attestation consent will be off the schedule until completed effective 8/25/25. Should any findings arise from these checks, immediate action will be taken, including a formal investigation. The nature and severity of any findings will determine the appropriate response. The facility's Abuse Prevention Policy has been updated and approved in ad hoc QAPI meeting to include the requirement of a national background check for all new hires prior to hire. The national background check will be repeated in accordance with the 5/1/23 VT DAIL memo if an employee has resided or worked outside of VT in the prior year. The results of the background checks and all required pre-hire checks will be reviewed and scrutinized in accordance with the VT laws regarding employment in a long-term care facility. 3.) Human Resources staff were re-educated by the HR Director to complete national background checks on employee hire. National background checks will be repeated annually in accordance with the 5/1/23 DAIL memo based on the employee's residence and employment status. 4.) An audit of national background checks will be conducted monthly times 3 months by the VT HR Business Partner the audit results will be reviewed at the monthly QAPI meetings to confirm compliance. The need for further reviews will be determined by the recommendation of the QAPI committee. 5.) Date of Correction: 9/3/25 **Tag F0607 POC accepted on 8/27/25 by C. Howard/S. Stem**	

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F0607 SS = E	Continued from page 3 include in-depth interviewing practices and careful examination of references...B. [The facility] shall comply with CORI Law...C. [The facility]'s Human Resources will contact The Vermont office of Professional Regulation Nurse and Nurse Aide registry, and any out-of-state nurse and nurse need registries as appropriate prior to hiring employees to determine if there is any sanction, findings or adjudicated finding of patient abuse, neglect, mistreatment or misappropriation of patient property against the prospective employee. D. The appropriate boards of licensure and or certification will be contacted regarding any past or pending abuse findings." The abuse policy does not discuss national background checks for all employees. Per review of licensing agency communications, a memo was sent out to nursing facilities on October 5, 2022, that states, "1. Prior to employing an individual and at least annually thereafter, a Facility must query the following entities regarding the prospective / current employee: ...Agency providing a national criminal background check ... To check whether the individual is barred from employment based on prior convictions in any state ...2. Under Vermont and federal laws and regulations, a Facility must decline to employ a prospective or current employee with: ...Criminal convictions for the abuse/exploitation/neglect of a vulnerable adult or child in any state ... In addition to the prohibitions mentioned above, Vermont laws prohibit long-term care facilities from employing individuals with "criminal convictions relating to bodily injury, theft or misuse of funds or property, and/or crimes inimical to the public welfare." A follow up memo was sent out to facilities on 5/1/2023 that further discusses initial national background checks and rechecks for staff: "DAIL [Department of Aging and Independent Living] has determined that re-checks are not necessary if a staff member has not worked or lived in another state since the initial national check was completed." Per interview with the DON [Director of Nursing] on 7/23/25 at 2:45 PM, it was confirmed that the facility did not have national background checks on file and would be contacting the main hospital for the records. A phone interview was conducted with the DON on 7/24/25 at 1:43 PM. The DON confirmed the facility did not perform national background checks on these two nursing staff members during their hiring, stating "They are from Vermont, so we didn't do any national background checks." She stated that she was unaware of the memo sent out from CMS [Center for Medicare and Medicaid	F0607		

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F0607 SS = E	Continued from page 4 Services].	F0607		
F0609 SS = D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the facility failed to identify, investigate, and report to the State Survey Agency an incident of sexual abuse for 1 of 7 residents (Resident #2). Findings include: Per record review, the facility abuse policy titled "Prevention of Abuse" reviewed on 11/18/2024 states, "[facility] will report any alleged patient abuse sexual abuse, mistreatment, neglect, or misappropriation of resident property to DAIL, APS, and the Berlin Police Department whenever the facility has reasonable cause to believe that a resident experience abuse, mistreatment, neglect, or misappropriation of property...". Per record review, a Social Workers progress note	F0609	1a.) Resident #1 was reassessed by the Care Coordinator, Social Services on 7/9/25. The resident was relocated to another unit on 7/11/24 and to a private room on 7/14/25 to limit the effects of his behavior on others. The resident's care plan was updated on 7/15/25 and 7/16/25. 1b.) Resident #2 was reassessed by Care Coordinator, Social Services and by the consultant Psychologist on 7/9/25. Abuse prevention measures included resident's room change completed 7/9/25. The resident's care plan was updated on 7/16/25 and 8/11/25. 2.) A review of residents In the facility was conducted by Registered Nurses between 8/20 and 8/22/25. There were no new reports of residents feeling unsafe or sharing concerns of abuse, mistreatment, or sexual abuse concerns. 3) Re-education was provided to the Administrator and Director of Nurses on 7/24/25 by Senior RN Consultant Wendy LaBate regarding recognizing a resident's response to a situation that causes anguish, fear, or distress, as potential abuse requiring appropriate notifications, reporting, investigation and follow-up. Education was provided to the Social Services Team by the DON regarding the identification of potential resident abuse, investigation and reporting requirements on 8/20/25. Staff re-education regarding abuse reporting was developed by nurse educators and deployed to each department and will be completed by 8/29/25. 4.) A Resident Interview and audit of 5 residents from each unit will be conducted weekly by the Social Services Department or Licensed Nurse designee to evaluate resident safety and security. Concerns will be investigated immediately and reported as required. Audits will be conducted for 12 weeks and reviewed at QAPI meetings further reviews will be determined by the recommendation of the QAPI committee. 5.) Date of Correction: 9/3/25 **Tag F0609 POC accepted on 8/27/25 by C. Howard/S. Stem**	

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F0609 SS = D	Continued from page 5 revealed that Resident #2 experienced forced observation of masturbation causing Resident #2 to feel "very uncomfortable and scared.. A Social Workers progress note dated 7/9/2025 revealed that Resident #2's roommate (Resident #1) was observed "rummaging through [Resident #2's] personal belongings and then he was found sitting beside [Resident #2's] bed masturbating. SS [Social Services] was told that [Resident #2] was not feeling comfortable remaining in the room with [his/her] roommate." Per interview with the Director of Nursing (DON) and Administrator on 7/23/2025 at 12:30PM, the DON and the Administrator confirmed that they were aware that Resident #1 was found next to their roommate, Resident #2, masturbating. The DON and Administrator also confirmed the facility did not identify the incident as sexual abuse and therefore it was not investigated or reported to the State Licensing Agency.	F0609		