VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
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AGENCY OF HUMAN SERVICES

May 7, 2026

Ms. Amanda Moxley, Administrator
Barre Gardens Nursing and Rehab, LLC
378 Prospect Street
Barre, VT 05641

Provider ID #: 475037

Dear Ms. Moxley:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **April 20, 2026.** 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475037	A. BUILDING B. WING	04/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Barre Gardens Nursing and Rehab, LLC	378 Prospect Street , 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 2 complaints, including reports #2744395 and #2792325 on 4/20/26 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. This is a repeat deficiency for this facility, with the violation cited during the previous two recertification surveys, dated 6/25/25 and 5/9/24, two partial surveys dated 4/17/25 and 11/13/25, and a revisit survey dated 2/2/26. The following regulatory deficiency was identified:	F0000	The filing of this plan of correction does not constitute an admission of allegations set forth in the statement of deficiencies. Barre Gardens has prepared and executed a plan of correction as evidence of the facility's continued compliance with applicable law.	
F0584 SS = E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in	F0584	All residents who reside at the facility are at risk for this alleged deficient practice. A facility-wide audit was conducted on all air vents, ceiling tiles and sprinkler heads to identify areas with dust accumulation and staining. All air vents throughout the facility with dust accumulation have been cleaned. The facility will replace all air vents facility-wide that were observed to have black and brown substances on them, as well as all ceiling tiles with stains. The facility will contact the company who recently passed their sprinkler audit to have them clean the sprinkler heads identified with having dust accumulation. There has been leadership turnover in the maintenance department. Newly hired maintenance director is scheduled to start May 11,2026. The maintenance department will be educated on the infection control implications of dirty vents. The maintenance department will implement routine inspections and cleaning dates to ensure dust accumulation does not occur.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Amanda [illegible]	LNHA	5/7/2026

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Barre Gardens Nursing and Rehab, LLC	**378 Prospect Street , Barre, Vermont, 05641**

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F0584 SS = E	Continued from page 1 good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is NOT MET as evidenced by: 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, Nagler Duct and Dryer Vent Cleaning LLC website (Duct and Vent Cleaning in Nursing Homes and Hospitals | Nagler 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.	F0584	The administrator or designee will conduct random weekly audits X 4 and monthly X 2 to ensure all air vents, ceiling tiles and sprinkler heads remain free from dust accumulation and staining. The audit results will be reviewed at QAPI for further interventions. Date of completion: June 4, 2026 **Tag F0584 POC accepted on 5/7/26 by G. Prefontaine/S. Stem**	

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F0584 SS = E	Continued from page 2 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 Adrninistrator 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).	F0584		