

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475008	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2026
NAME OF PROVIDER OR SUPPLIER Vernon Green Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 61 Greenway Drive Vernon, VT 05354	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure residents were free from abuse for one of three sampled residents (Res #54). This is a repeat deficiency for this facility, with violations cited during the previous two recertification surveys, dated 10/30/24 and 12/4/23. Findings include: Per review of the facility's Resident Abuse, Neglect, Exploitation, and Misappropriation of resident property policy [last revised 9/23/24] it states, Policy: It is the established priority of [facility] to provide its residents with a living environment free from any instance of abuse, neglect, exploitation and misappropriation of resident property. To that end, a policy has been established to deter the prospect of resident [abuse, neglect, exploitation and misappropriation] that governs staff screening and training, preventative and protective measure, and procedures for identification, investigation and reporting [abuse, neglect, exploitation, misappropriation]. [Facility] will maintain a living and work environment that minimizes the likelihood of resident [abuse, neglect, exploitation, misappropriation]. Per record review, Resident #54 has a BIMS [Brief Interview of Mental Status] score of 1 as of 1/8/26 indicating the resident is cognitively impaired. Resident #54 has medical diagnoses of dementia, Alzheimer's Disease, and depression. The resident is dependent on staff for ADLs [Activities of Daily Living] and hygiene. Per review of the facility's internal investigation it states, Two staff members [LNA [Licensed Nursing Assistant]#3 and LNA#4], LNAs reported that night shift LNA staff received in report that [Resident #54] had required 2 showers due to bowel movements and became aggressive with the second shower and the [LNA#1] had sprayed [him/her] in the face with cold water. [LNA #2] had assisted [LNA #1] with the shower as [Resident #54] became aggressive. Both staff were laughing about the incident. The incident occurred on 11/13/25 during the evening shift. Per review of a witness statement from LNA#3 it states, [LNA#3] when she arrived at work [LNA#1] and [LNA#2] were behind the desk laughing about something. [LNA#1] was giving her report and said that [Resident #54] had two blowouts and needed two showers. During the second shower [Resident #54] was agitated and pulling on the hose and pipes and [LNA#1] said she was so frustrated she just sprayed [Resident #54] with freezing water. [LNA#2] had to help because [Resident #54] was trying to rip the hose out of [LNA#1]'s hands and started pulling on the pipes. Both [LNA#12 and LNA#2] were laughing about this. [Resident #54] wanted to apologize to someone, [s/he] did not know who. Per review of the follow-up investigation it states, The allegation was reported to APS [Adult Protective Services], the [NAME] Board of Nursing and the [NAME] County Sheriff's Department. As of this date there are no outcomes [Resident #54] was assessed by the DON [Director of Nursing] and the social services director at different times throughout the day. [S/he] has no recollection of the incident and his mood and behavior is at baseline .4. Corrective Action(s) Taken: [Resident #54] was assessed and has no recollection of the incident. [His/Her] mood and behavior are at baseline. Behavior is being monitored by staff and emotional support provided to both [Resident #54] and</p> <p>(continued on next page)</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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>[his/her] [family representative]. [LNA#1] was suspended immediately pending investigation, and subsequently terminated from employment. [LNA#2] was suspended immediately pending investigation, and subsequently terminated from employment. MD [Medical Director] has been notified. Education regarding abuse and neglect is being done with staff. Social services and behavioral services will remain involved for ongoing support and management.3. Conclusion There is enough evidence to support that this allegation is substantiated.Per review of an addendum to final the report dated 11/19/25 it states, [Resident #54] was noted to have 5 bruises on [his/her] left forearm in healing stages. These are likely related to staff's attempt to prevent [him/her] from grabbing the water hose in the shower by holding onto [his/her] arm during the previously reported incident. [Resident #54] has no pain and is in good spirits at this time. [S/he] does not recall how the bruising occurred. Appropriate notifications have been made, will monitor bruising.On 1/13/26 at 1:30 PM an interview was conducted with the DON. She confirmed the abuse occurred, stating, Yes, I substantiated it. She confirmed that the abuse should not have occurred.</p>		