STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475019	A. Building B. Wing	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Johnsbury Health & Rehab	1248 Hospital Drive Saint Johnsbury, VT 05819

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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. 50431 Based on record review and interviews, the facility failed to assure that residents are free from misappropriation of resident property related to personal funds for one resident (Resident #1) out of three residents sampled. Findings include: Per record review on Resident #1 has diagnoses of Atrial Fibrillation (a condition that causes the heart to beat irregularly), Cellulitis (a serious bacterial infection of the skin), Hypothyroidism (a disease that causes your thyroid to release too little thyroid hormone), and Metabolic Encephalopathy (a disease that causes brain impairment). Per report from APS (Adult Protective Services) received on 7/12/24, Resident #1 gave $400 to LNA #1 (Licensed Nursing Assistant) to fix his/her vehicle that had a broken back window. An internal investigation was supplied to the surveyor. Per the investigation and witness statements, LNA #1 was approached by Resident #1 once and declined the $400. Resident #1 approached LNA #1 a second time with $400 in an envelope. LNA#1 accepted the $400 from Resident #1. A police report was made by the Adminsitrator on 7/12/24. On 7/19/24 LNA #1 repaid Resident #1 the $400 she had accepted in an envelope. LNA #1 was terminated on 7/19/24 following the completion of the internal investigation. Per interview with the facility administrator at 1:46 PM s/he confirmed LNA #1 took the money from Resident #1. The NE, Administrator, and Clinical Marketing Advisor agreed that the facility did not protect Resident #1 from misappropriation of personal funds. It was determined that the facility had implemented actions to correct the noncompliance prior to the start of the re-certification survey, which included termination of LPN #1 on 7/19/24. The facility self-reported the concern on 7/12/24 to the state agency and the local police department. The facility also completed an internal investigation that was completed on 7/16/24. In the internal investigation, the facility discussed conducting random interviews with residents and staff asking if they have or know of any residents offering gifts/money and/or staff accepting gifts/money from residents. The facility will continue to monitor these results weekly x4 and monthly x3. The facility implemented an individualized performance improvement plan for LNA#2 and LNA#3 to re-educate on reporting suspected abuse, neglect, or misappropriation of property. LNA#2, LNA #3, and the facility's employees received additional education on the facility's abuse, neglect and misappropriation of property policy, the facility's policy on accepting gifts and gratuities from residents, and the Code of Conduct policy for the facility. The facility was able to demonstrate monitoring of the corrective action and sustained compliance. Works Cited (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475019	A. Building B. Wing	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Johnsbury Health & Rehab	1248 Hospital Drive Saint Johnsbury, VT 05819

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Atrial Fibrillation. Mayo Clinic. Atrial fibrillation - Symptoms and causes - Mayo Clinic. Accessed September 30, 2024. Cellulitis. Mayo Clinic. Cellulitis - Symptoms & causes - Mayo Clinic. Accessed September 30, 2024. Hypothyroidism. Mayo Clinic. Hypothyroidism (underactive thyroid) - Symptoms and causes - Mayo Clinic Accessed September 30, 2024. Metabolic Encephalopathies. American Academy of Physical Rehabilitation (AAPR). Metabolic Encephalopathies (aapmr.org) Accessed September 30, 2024.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 50431 Based on record review and interviews, the facility failed to develop and/or implement policies and procedures for ensuring the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act for 1 resident (Resident #1) of three sampled residents. Findings include: Per report from APS (Adult Protective Services) received on 7/12/24, Resident #1 gave $400 to LNA #1 (Licensed Nursing Assistant) to fix his/her vehicle that had a broken back window. An internal investigation was supplied to the surveyor. Per the investigation and witness statements, LNA #1 was approached by Resident #1 once and declined the $400. Resident #1 approached LNA #1 a second time with $400 in an envelope. LNA#1 accepted the $400 from Resident #1. The alleged misappropriation was overheard by a Unit Manager and was reported to APS and the state agency on 7/12/24. On 7/19/24 LNA #1 repaid Resident #1 the $400 she had accepted in an envelope. LNA #1 was terminated on 7/19/24 following the completion of the internal investigation. A police report was filed on 7/12/24. Per witness statement from LNA #2 dated 7/13/24 states, About a week ago [LNA #1] came to me and said a Resident offered to help her fix window by giving her money .I told another [LNA] about it on 7/11/24 . Per witness statement from LNA #3, On Thursday 7/11/24 [LNA #2] stated [Resident #1] gave [LNA#1] $400 to fix [LNA #1]'s back window. Please don't tell anybody. Facility policy titled OPS300 Abuse Prohibition states: 6.1 Anyone that witnesses an incident of suspected abuse, neglect, involuntary seclusion, injuries of unknown origin, or misappropriation of patient property is to tell the abuser to stop immediately and report the incident to his/her supervisor immediately, regardless of shift worked. 6.1.1 The notified supervisor will report the suspected abuse immediately to the Administrator or designee and other officials in accordance with state law. 7. Immediately upon receiving information concerning a report of suspected or alleged abuse, mistreatment, or neglect, the Administrator or designee will perform the following . 7.2 Report allegations involving abuse (physical, verbal, sexual, mental) not later than 2 hours after the allegation is made. 7.4 Report allegations to the appropriate state and local authority(s) involving neglect, exploitation or mistreatment (including injuries of unknown source), suspected criminal activity, and misappropriation of patient property within 24 hours if the event does not result in serious bodily injury. 7.5 Notify local law enforcement, Licensing Boards and Registries, and other agencies as required. 7.7 Initiate an investigation within 2 hours of an allegation of abuse that focuses on: 7.7.1 whether abuse or neglect occurred and to what extent. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Per interview with the facility administrator at 1:46 PM s/he confirmed LNA #1 took the money from Resident #1. S/he confirmed that LNA#1 and LNA #2 did not report the misappropriation of money to staff or state agency at the time of notice of this concern. Per interview with the NE, Administrator and Market Clinical Advisor 4:00 PM it was confirmed that LNA #2 and LNA #3 did not report the misappropriation of property immediately and within 24 hours. It was determined that the facility had implemented actions to correct the noncompliance prior to the start of the re-certification survey, which included termination of LPN #1 on 7/19/24. The facility self-reported the concern on 7/12/24 to the state agency and the local police department. The facility also completed an internal investigation that was completed on 7/16/24. In the internal investigation, the facility discussed conducting random interviews with residents and staff asking if they have or know of any residents offering gifts/money and/or staff accepting gifts/money from residents. The facility will continue to monitor these results weekly x4 and monthly x3. The facility implemented an individualized performance improvement plan for LNA#2 and LNA#3 to re-educate on reporting suspected abuse, neglect, or misappropriation of property. LNA#2, LNA #3, and the facility's employees received additional education on the facility's abuse, neglect and misappropriation of property policy, the facility's policy on accepting gifts and gratuities from residents, and the Code of Conduct policy for the facility. The facility was able to demonstrate monitoring of the corrective action and sustained compliance.