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	01/22/2025

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 0842 Level of Harm - Potential for minimal harm Residents Affected - Many	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record review, the facility failed to maintain medical records on each resident that are complete, accurately documented, and accessible for all residents. Findings include: Per interview with the Medical Director on 1/21/2025 at 1:35 PM, s/he confirmed that s/he did not have access to electronic resident medical records for a few days after a change of ownership of the facility on 12/18/24. Per record review, there was no electronic or written documentation of any kind for Resident #1 and Resident #2 on 12/19/24, 12/20/24, 12/21/24, and 12/22/24, including medication and treatment administration records, licensed professional notes, including nurse's progress notes, diagnostic service reports, and resident assessments. During an interview with the Chief Nursing Officer (CNO) and the Facility Administrator on 1/21/2025 at 2:45 PM, they both confirmed that there was a gap in resident electronic medical records access and storage due to the transition from one owner to another taking place on 12/19/24 for all residents. The CNO stated that the gap in access and storage took place from 12/19/24 at 2:00 AM through 12/21/24. The CNO confirmed that during this time, staff recorded resident information in the previous owner's electronic medical record, and the facility staff no longer had access to it. The facility was unable to access or provide the missing documentation within 24 hours to the survey team.

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