

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2025
NAME OF PROVIDER OR SUPPLIER St Johnsbury Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46135</p> <p>Based on interview and record review, the facility failed to ensure residents remained as free from accidents as possible related to falls for 2 of 3 sampled residents (Residents #1 and #2) by failing to provide adequate supervision and create and implement effective, timely interventions that would reduce the likelihood of future falls. As a result, Resident #1 suffered a fall that resulted in pain and a hip fracture that required surgery. This is a repeat deficiency for this facility, with violations cited during the previous recertification survey dated 12/11/24 and a partial survey dated 10/25/23. Findings include:</p> <p>1. Per record review, Resident #1 has diagnoses that include history of falls, abnormalities of gait and mobility, muscle weakness, Alzheimer's disease, and paranoid schizophrenia.</p> <p>A 2/3/25 Physician admission note reads, Resident #1 is transferred here with [his/her spouse] due to increased care needs and inability to perform ADLs [activities of daily living]. [S/He] is [primarily] bed bound at times. [S/He] can and will ambulate in the [facility] with a front wheeled walker.</p> <p>Per record review, Resident #1 has care plan focuses that read, Resident is at risk for falls: cognitive loss, lack of safety awareness, initiated on 1/31/25, At risk for falls due to weakness, impaired mobility, history of falls, revised on 2/20/25, and, [Resident #1] requires assistance/is dependent for ADL care in bathing, grooming, personal hygiene, dressing, eating, bed mobility, transfer, locomotion, toileting) related to: Alzheimer's, initiated on 1/31/2025.</p> <p>Per review of facility risk management reports since 2/1/25, Resident #1 had falls on 2/14/25, 2/17/25, 2/25/25, 3/5/25, 3/6/25, 3/22/25, and 3/24/25. The reports indicate that the falls on 2/14/25, 2/17/25, 3/5/25, 3/6/25, 3/22/25, and 3/24/25 were unwitnessed by staff.</p> <p>A 3/6/25 progress note reads, Resident observed on the floor by bedside upon entering room after wife calls for help. Resident noted to be lying down on floor by bedside. A 3/7/25 progress note reveals that Resident #1 was transferred to the hospital [status post] fall evaluation per MD and resident. A 3/7/25 hospital emergency room Nurse Practitioner note indicates that Resident #1 presented with right hip pain and was found to have an acute fracture of the right hip requiring surgery. A 3/11/25 facility progress note indicates that Resident #1 returned to the facility on [DATE].</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 475019	Facility ID: 475019 If continuation sheet Page 1 of 3

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A 3/14/25 Nurse Practitioner note reveals Resident #1 is being seen for a follow-up related to hip pain. The note states, [S/He] was recently in the hospital due to a fall in which he experienced a right hip fracture. [S/He] had it surgically repaired on 03/08/2025 . re-orient and more frequent patient checks recommended. A 3/16/25 Pain Assessment Interview reveals that Resident #1 reported to have experienced pain frequently over the past 5 days.</p> <p>Per record review, Resident #1's care plan was not revised after the falls on 3/5/25 and 3/6/25 until 3/10/25, 4 and 5 days after his/her previous falls. The new intervention put into place was Encourage resident to ring call be to assist with ambulation. Following Resident #1's fall on 3/22/25, Resident #1's care plan was revised with a duplicate intervention, Encourage resident to ring call bell and wait when assistance is needed. Following Resident #1's fall on 3/24/25, his/her care plan was revised to include Place walker near bed to encourage use when resident ambulates. This intervention was already added to Resident #1's care plan on 2/20/25. No interventions were put into place following any of the above falls related to providing additional supervision for Resident #1.</p> <p>Per interview on 3/18/25 at 12:29 PM, Resident #1's roommate and spouse explained that Resident #1 keeps falling because s/he tries to be as independent as possible when s/he should be getting help from staff. S/he explained that staff do not check on Resident #1 enough and worries that s/he can't leave the room because Resident #1 will not be supervised and will fall again. S/He stated that Resident #1 has been in extreme pain since his/her recent fall.</p> <p>Facility policy titled Falls Management, undated, reads Patients experiencing a fall will receive appropriate care and post-fall interventions will be implemented . Implement and document patient-centered interventions according to individual risk factors in the patient's plan of care. Adjust and document individualized intervention strategies as the patient condition changes. The policy does not speak to how soon after a fall that a resident's care plan would be required to be updated.</p> <p>Per interview on 3/27/25 at 10:30 AM, the Director of Nursing and the [NAME] President of Operations explained that new care plan interventions should be immediate, if possible, but the expectation is that a care plan is updated after a fall within 24 hours.</p> <p>Per an email from the Administrator on 3/28/25, the facility was unable to produce evidence of timely, effective care plan interventions following Resident #1's falls on 3/5/25, 3/6/25, 3/22/25, and 3/24/25.</p> <p>2. Per record review, Resident #2's care plan reads, [Resident #2] is at risk for falls: cognitive loss, lack of safety awareness, Impaired mobility, Parkinson's disease, Osteoarthritis, initiated on 5/30/2024, and [Resident #2] requires assistance/is dependent for ADL care in bathing, grooming, personal hygiene, dressing, eating, bed mobility, transfer, locomotion, toileting) related to: Impaired balance, Limited mobility, unsteady gait, weakness, Dementia, Parkinson, initiated on 5/30/2024.</p> <p>Per review of facility risk management reports since 2/1/25, Resident #2 had falls on 2/3/25, 2/10/25 at 7:45 AM, 2/10/25 at 3:30 PM, 2/23/25, 2/25/25, 2/26/25, 3/12/25, 3/14/25, 3/17/25, and 3/23/25. The reports indicate that the falls on 2/3/25, 2/10/25 at 7:45 AM, 2/10/25 at 3:30 PM, 2/23/25, 2/25/25, 2/26/25, 3/12/25, and 3/23/25 were unwitnessed by staff and Resident #2 suffered a left elbow skin tear following the fall on 2/3/25.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Per record review, Resident #2's care plan was not revised following the falls on 2/3/25, 3/15/25, and 3/23/25. Per an email from the Administrator on 3/28/25, the facility was unable to produce evidence of timely, effective care plan interventions following Resident #2's falls on 2/3/25, 3/15/25, and 3/23/25.		