

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 04/08/2025
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)		
<p>F 0841</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a physician to serve as medical director responsible for implementation of resident care policies and coordination of medical care in the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure that the medical director fulfilled her/his responsibilities to effectively implement resident care policies and coordinate medical care for residents in the facility regarding the surveillance of, and development of policies that reflect current professional standards of practice to prevent the spread of potential COVID-19 infection, and coordinate care of residents. This has the potential to impact all residents.</p> <p>Finding include:</p> <p>Per review of the facility documented COVID-19 outbreak line listing for residents revealed that 12 tested positive for COVID-19 during the period of 1/14/25 and 1/26/25. There were no deaths or hospitalizations that resulted from this outbreak.</p> <p>Per interview with an Licensed Nursing Assistant (LNA) on 3/5/25 at 1:00 PM, she/he stated that they were given direction to pull all precaution carts, and to stop testing the residents and staff for COVID-19. She/he stated that these directives came from the DON (Director of Nursing) but she/he was telling staff based on the direction of the Medical Director.</p> <p>Per interview with a staff member on 3/5/25 at 1:20 PM, she/he stated that they were given guidance by the DON that came down from the Medical Director that all staff were to stop testing residents and themselves (staff) and that all precautions were stopped. She/he asked to remain anonymous for fear of retaliation.</p> <p>Per interview with an LNA on 3/5/25 at approximately 1:10 PM she/he stated that residents who test positive are placed on droplet precautions and that any resident that is placed on droplet precautions are required to stay in their room. She/he stated that there was a short outbreak of COVID-19 back in January of 2025. When asked how the outbreak was managed, she/he stated residents were tested and if they tested positive a precaution cart was placed outside of their room and staff were educated on how to use it's contents. She/he stated that some point, all the precaution carts were removed from the units and she/he had heard that the DON notified the nurses that they were not to test residents for COVID-19 and staff were directed to stop testing.</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 0841</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Per interview with VP (Vice President) of Operations on 3/5/25 at approximately 4:15 PM, she/he confirmed that there was an outbreak at the facility and that the Medical Director did give direction to stop resident testing and staff were directed not to test also. She/he stated that the Medical Director did not believe in COVID and that she/he .did tell staff to pull the precautions and stop testing the residents for COVID and to treat symptoms like the cold. The surveyor asked if she/he felt this outbreak was well managed, she/he stated no. She/he stated that the owners of the company met with the Medical Director and reviewed with her/him the Medical Director job description, their expectations of managing the facility, CMS (Centers for Medicare and Medicaid Services) guidelines, managing COVID outbreaks, documentation efficiency, responsibilities in the facility, provider schedule, and support for notes and physician services policy statement specific to job duties.</p> <p>The facility provided documentation specific to a meeting the facility owners had with the Medical Director which revealed the following topics were covered in this meeting:</p> <ul style="list-style-type: none"> Medelite/Infinite policy [NAME] policy CMS guidelines Discuss recent COVID outbreaks Documentation efficiency Responsibilities in the facilities Provider schedule Support for notes New pay structure <p>Per interview with the Administrator and DON on 3/5/25 at approximately 5:00 PM, both confirmed that the Medical Director gave direction to pull all the precaution carts and stop testing residents for COVID-19. During this interview, the Administrator, DON, and VP (Vice President) of Operations confirmed that the Medical Director did not follow the facility policy related to Covid-19.</p> <p>Per interview on 3/5/25 at approximately 5:30 PM with the Administrator, DON, and VP (Vice President) of Operations, a request was made by the survey team for additional documentation regarding education that was provided to the Medical Director acknowledging her/his job duties. This documentation was received on 3/7/25 and revealed the Medical Director signed this acknowledgement on 2/21/25.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. This has the potential to impact all residents.</p> <p>Findings include:</p> <p>1.) Review of the facility documented COVID-19 outbreak line listing revealed that 12 residents tested positive for COVID-19 between 1/14/25 and 1/26/25.</p> <p>Review of an email dated 1/23/25 from VDH ([NAME] Department of Health) to this facility, which confirmed VDH's receipt on 1/23/25 of the facility notification of a COVID-19 outbreak with the first onset of symptoms being on 1/14/25. The facility reported to VDH that residents who were COVID-19 positive had mild cold symptoms. On 1/23/25, the VDH nurse included a copy of a blank line listing and requested the facility fill it in with as much detail as possible and send it back to me.</p> <p>On 1/27/25 a second email from the VDH nurse was sent to the DON (Director of Nursing) and a cc (carbon copy meaning the email was sent to another recipient for informational purposes) again requesting the DNS to fill in the line list and return it to the VDH nurse.</p> <p>Review of VDH documentation, revealed on 1/28/25, a call was made to the VDH nurse from the facility administrator advising that the line listing was forthcoming. The facility submitted the line listing to the VDH nurse, which included a list of 13 residents.</p> <p>On 2/7/25, an email confirmation was sent to the DON from the VDH nurse that stated, what we ask to be reported is any individual who appears to have gotten sick in the facility and Any individual who fits that category - staff or resident who appears to have gotten sick by exposure to COVID-19 add that type of individual to the list and forward to me. One resident on the facility's line list did not contract COVID-19 at the facility therefore should not have been on the line list. Review of the line list that was provided to VDH revealed only residents who had tested positive were included and did not include staff members who had tested COVID-19 positive.</p> <p>Interview on 3/5/25 at approximately 1:15 PM with the Administrator, DON, and VP (Vice President) of Operations, it was confirmed that the line listing was not sent to VDH until 1/28/25, two weeks after the first facility positive case of COVID-19, and that there were resident and staff who tested positive for COVID-19.</p> <p>Interview on 3/5/25 at approximately 4:15 PM with the Administrator, DON, and the VP (Vice President) of Operations, confirmed the line listing did not include staff members who had tested positive for COVID-19. The Administrator explained that the VDH nurse told her/him over the phone that if the facility had less than 3 staff members who tested positive for COVID-19 they did not need to be on the line listing. The Administrator stated that only 1 staff member tested positive for COVID-19 during this outbreak.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A phone call received on 3/11/25 at 3:18 PM from the facility VP (Vice President) of Operations, Administrator, DON, and VP (Vice President) of Operations, confirmed they were not able to provide written evidence to support the verbal direction provided by VDH specific to not including COVID-19 positive staff unless there were three or more positive staff cases. At this time it was also confirmed that staff were directed by the DON to stop testing themselves as well as residents per the direction of the Medical Director.</p> <p>2.) The facility failed to follow facility policy specific to Coronavirus, prevention and control. The facility policy titled, CORONAVIRUS, PREVENTION AND CONTROL, reviewed/ revised 3/5/2025, reads, The Infection Preventionist has established procedures for monitoring and reporting SARS-COV-2 activity in the facility. The Infection Preventionist maintains close communication and collaboration with local and state health authorities. The facility will actively monitor every resident for signs and symptoms of SARS-COV-2. Frequency of monitoring will be determined based on guidance from the CDC (Centers for Disease Control), CMS (Centers for Medicare and Medicaid), and DOH (Department of Health). For any resident who develops symptoms of SARS-COV-2: - COVID-19 transmission-based precautions will be initiated in consultation with MD; Testing for SARS-COV-2 will be conducted; Other sources of infection, including influenza, pneumonia, other respiratory viruses, and / or urinary tract infection will be ruled out, unless otherwise directed by local DOH and / or attending physician.</p> <p>Per interview on 3/5/25 at approximately 1:00 PM, surveyors were approached by a staff member who requested to remain anonymous stated they were involved in the last COVID-19 outbreak. She/he stated that direction had been given to all staff during the outbreak that staff were to stop testing for COVID-19. She/he stated that this direction came from the DON who is no longer at this facility and originated from the facility's medical director. She/he stated that they took away all of the precautions in one day. She/he stated that direction was given that all symptoms would be treated like the common cold.</p> <p>Per interview on 3/5/25 at approximately 1:30 PM, with a staff member who requested to remain anonymous stated, Dr. [proper name omitted] wanted all COVID testing stopped, that the test was also showing positive for Norovirus, and Influenza and that the test was not accurate. All patients were to be treated for the common cold, and that all testing and precautions were stopped in one day. She/he stated that the staff were not allowed to test themselves and all the N95 masks were pulled from the floor.</p> <p>Per interview on 3/5/25 at approximately 2 PM, the VP (Vice President) of Operations stated, the same issues you had with the doctor in [NAME] Health and Rehab, you have the same issues with her here. She/he stated yes, we know that things were not handled correctly with COVID, and things have been corrected. The VP (Vice President) of Operations stated that the Medical Director does not believe that COVID-19 is a thing and that treating for the common cold is appropriate in her/his medical opinion.</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>Based on interview and record review, it was determined that that facility failed to ensure the staff member designated as the facility's Infection Preventionist (IP) had obtained specialized Infection Prevention and Control training beyond initial professional training. This has the potential to impact all residents.</p> <p>Findings include:</p> <p>During an interview with the Director of Nursing (DON) on 3/5/25 at approximately 2:45 PM, s/he stated that s/he was working as the DON and the Infection Preventionist until they found a replacement for the Infection Preventionist. S/he was working on her/his Centers for Disease Control (CDC) Infection Prevention and Control certification. S/he confirmed that the facility did not currently have a qualified designated Infection Preventionist for this facility. S/he stated that the corporate DON was providing oversight once per week of the infection prevention program.</p> <p>Per interview with the Administrator and the VP (Vice President) of Operations on 3/5/25 at approximately 5:00 PM, it was confirmed that the Infection Preventionist position was being temporarily managed by the DON and that s/he was not currently qualified but was almost done with the CDC Infection Prevention and Control certification. The corporate DON was providing weekly oversight to this and one other facility. The Administrator was asked for documentation of the dates and times the corporate DON had been to this facility since the Infection Preventionist position became unfilled. S/he stated s/he would gather this information and send via email to the survey team. On 3/11/25 the Administrator emailed the survey team the corporate DON's mileage documentation form that included mileage to this facility on 2/20/25 and again on 2/26/25, only two days.</p>		