STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475021	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saint Albans Healthcare and Rehabilitation Center	596 Sheldon Road Saint Albans, VT 05478

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure infection control practices related to hand hygiene, glove use, and medication disposal were implemented during medication administration and wound care for two sampled residents (Resident #1 and Resident #6); and during the handling of a biohazard container on 1 applicable medication cart. This is a repeat deficiency for this facility with the violation cited during the previous re-certification survey dated 1/28/25. Findings include: 1.Per review of the facility's Medication Administration Policy there are no directions related to hand hygiene. Per review of the facility's IC203 Hand Hygiene policy [last revised 5/1/25] it states, 1. Perform hand hygiene: 1.1 Before patient/resident (hereinafter patient) care; 1.4 After patient care. Per observation of medication administration on 2/24/2026 at 8:48 AM LPN #1 did not wash her hands prior to administration of medication for Resident #1. Resident #1 had an order for Sevelamer Carbonate Oral Tablet (a medication used to treat high levels of phosphorous in the blood) 800 mg [milligrams]: Give 1 tablet by mouth with meals for phosphate absorption. LPN#1 was observed dropping the pill on the medication cart. She disposed of the medication into the garbage. She popped a second Sevelamer and put it in her hand prior to putting it into the medicine cup. Per review of the facility's Disposal of Medication policy [last revised 1/24] it states, 3. Method of disposition of pharmaceutical hazardous and non-hazardous waste are consistent with applicable state and federal requirements, local ordinances, and standards if practice. The nursing care center will use an approved vendor for pharmaceutical waste disposal needs. An interview was conducted with LPN #1 on 2/24/26 at 9:20 AM. LPN#1 confirmed she did not wash her hands prior to medication administration. She also confirmed that she dropped a pill on the medication cart, threw it out in the garbage and then popped another pill and put it in her hands prior to putting it in the medication cup. She confirmed she used her hand to pick up a Sevelamer tablet that fell on the medication cart. On 2/25/26 at 11:08 AM the Infection Preventionist confirmed medication administration does not contain any information on hand hygiene stating, Hand hygiene is a given. At 2/25/2026 at 11:15 AM the Infection Preventionist confirmed that LPN#1 should have disposed of the medication in an approved vendor for pharmaceutical waste disposal and not in the garbage. 2. Per observation of a wound dressing change for Resident #6 on 2/25/26 at approximately 9:35 AM, the Unit Manager did not utilize hand hygiene prior to entering room. During the dressing change, the Unit Manager changed her gloves several times between cleaning and dressing the wound. She did not utilize hand hygiene between glove changes. Per review of the facility's Procedure: Wound Dressings: Aseptic policy [last revised 2/24/25] it (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	states, 10. Perform hand hygiene 11. Apply Gloves and other PPE [Personal Protective Equipment] as indicated.14. Discard soiled dressing in the appropriate receptacle. 15. Remove and discard gloves 16. Perform hand hygiene.22. Inspect the wound for tissue type, color, odor, and drainage.24. Remove gloves and perform hand hygiene.28. Apply and secure clean dressing. 29. Remove gloves and discard in the appropriate receptacle. 30. Apply prepared label. 31. Perform hand hygiene. An interview was conducted with the Unit Manager at 9:46 AM She confirmed that she did not utilize hand hygiene between glove changing or utilize hand hygiene prior to going in the room and should have. 3. Per observation on the Center East unit on 2/25/26 at 8:38 AM, LNA #1 was seen changing a sharps container (a special puncture-proof container used for the safe disposal of needles, syringes, and other sharp medical items) on the medication cart without wearing gloves. At 8:38 AM on 2/25/26, LNA#1 was asked about changing the container. She replied, Thank you for the reminder. I should be wearing gloves.