STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475025	A. Building B. Wing	12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Springfield Health & Rehab	105 Chester Road Springfield, VT 05156

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. Based on observation, record review, and staff interview, the facility failed to honor residents' choices as outlined in their care plan for 1 of 3 sampled residents (Resident #3). Findings include: Per record review, Resident #3 has diagnoses including major depressive disorder, post-traumatic stress disorder, schizoaffective disorder, and borderline personality disorder. Per record review, a facility grievance dated 10/13/25 denotes that Resident #3 did not wish to have LPN #2 care for them. A progress note from 10/15/25 written by the Director of Nursing (DON) states they Spoke with resident regarding grievance against nurse. [She/he] has stated that she/he feels that a certain nurse isn't as attentive as [she/he] should be and refused to give [her/him] a popsicle that [she/he] paid for. [She/he] would prefer this nurse not care for [her/him] anymore.Facility policy titled Care Plans, Comprehensive, Person-Centered, reviewed/revised 2/2025 states, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Resident #3's care plan reads, [Resident #3] has potential to exhibit behaviors that are a result of past trauma(s), which may impact my moods or behaviors as evidenced by Anxiety/ GAD [Generalized Anxiety Disorder, a mental health condition characterized by persistent and excessive worry about various everyday things], Schizophrenia / Schizo-effective disorder. That section of the care plan contains an intervention [Resident #3] has requested that [LPN#2] not care for [her/him]. [She/he] understands that if [LPN#2] is working that it may take a bit longer to get a nurse from a different wing to attend to [her/his] needs. Date Initiated: 10/15/2025.Per record review, LPN #2 administered morning and evening medications and provided multiple treatments to Resident #3 on 10/21/25. LPN #2 also assessed the resident's pain level and oxygen saturation. When interviewed on 10/22/25 at 9:03 AM, Resident #3 confirmed she/he had submitted this grievance. Resident #3 stated she/he did not want care from LPN #2 and did not like it. Per staff interview on 10/22/25 at 9:58 AM, the Administrator confirmed that the care plan stated that LPN #2 is not to care for Resident #3. She/he confirmed that LPN #2 had provided care to Resident #3 on 10/21/25. She/he stated that LPN #2 had been off from work and she/he had not gotten word to her/him in time of this change, before she/he provided care to Resident #3.

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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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement written policies and procedures that prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property related to the screening of prospective employees 2 out of 5 sampled staff. Findings include: Per record review, LPN #1 [Licensed Practical Nurse] did not have any adult state background check. LPN#1 has been working at the facility since 9/15/25 without a [NAME] Adult Abuse Registry background check.Per record review LNA#1 [Licensed Nursing Assistant] did not have any [NAME] state adult background check. LNA#1 has been working at the facility since 8/13/25 without a [NAME] Adult Abuse Registry background check.Per the facility's Abuse, Neglect, and Exploitation policy [no revision date] states, A. Screening: 1. A background check will be conducted on all new employees and volunteers to include the following: a. A request for information about all substantiated findings from the Department for Children and Families' Child Abuse Registry b. A request for information about all substantiated findings from the Department of Disabilities, Aging and Independent Living [[NAME]] Adult Abuse Registry c. A request for information on criminal convictions from the [NAME] Crime Information Center d. An online search of the exclusions database of the Department of Health and Human Services office of the Inspector General.4. Information received as a result of background checks will be maintained in the employee's/volunteer's personnel file.Per interview with the Administrator on 10/22/25 at 11:26 AM, the Administrator confirmed they did not have [NAME] adult background checks for either LNA #1 or LPN#1. She stated, They are agency and usually the agency does the background checks. The Administrator was able to give [NAME] adult background checks, but they were dated 10/22/25, the day of the interview. The Administrator conveyed via email on 10/23/25 that Human Resources is responsible for background checks.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review, the facility failed to report three allegations of abuse to the state for one of two sampled residents (Resident #3). This is a repeat deficiency for this facility, with the violation cited during a previous partial survey, dated 3/3/25. Findings include:Per record review of the facility's Abuse, Neglect, and Exploitation policy p[no revision date] states, Mental and verbal abuse: Is the use of verbal and nonverbal conduct which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation.G. Reporting/Response Abuse Neglect and Exploitation Procedure Form-CLR 1. For any actual or suspicious act of or sign of abuse, neglect or exploitation it is the responsibility of every employee and volunteer to make sure the resident is safe first. 2. Every employee and volunteer of CLR are mandated reporters and must cause a report to be made to APS [Adult Protective Services] by reporting any actual or suspected abuse, neglect or exploitation immediately to their supervisor. Per record review, a grievance filed by Resident #3 dated 8/11/25 states, [Resident #3] Told me that during the overnight shift on 8/10 that [s/he] requested to see the nurse on duty for [his/her] throat and that she was told no by the LNA [Licensed Nursing Assistant] times 3 the last time [s/he] asked the LNA told her to stop [expletive] playing games walked out and slammed [his/her] door shut behind her. Per record review, a grievance filed 10/13/25, stated, [Resident #3] Stated nurse told [him/her] to shut up and go to sleep it was midnight and [s/he] was asking for a popsicle [s/he] doesn't want [licensed nurse] to be [his/her] nurse if she's going to be mean to [him/her]. There was no evidence or records that the above situations were reported to the state agency.Per interview with the Administrator on 10/21/25 at 3:04 PM, the Administrator confirmed these events were not reported to the state agencies.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Respond appropriately to all alleged violations. Based on interview and record review, the facility failed to investigate two of four sampled allegations of abuse for Resident #3. This is a repeat deficiency for this facility, with the violation cited during the previous recertification survey, dated 3/27/25. Findings include:Per record review of the facility's Abuse, Neglect, and Exploitation policy [no revision date], it states, E. Investigation 1. Person witnessing the incident or receiving the alleged abuse, neglect or exploitation complaint will immediately make sure the resident is safe and then notify his/her supervisor 2. Supervisor will immediately notify the shift supervisor, who will notify the Administrator. 3. Shift supervisor will meet and discuss the complaint with the alleged victim if he/she is able, witness(s) [sic] if any, and alleged perpetrator to make a written report.1. Explain to all parties involved that an internal investigation will occur and as applicable the incident will be reported to Licensing and Protection/Adult Protective Services and there may be an external investigation by them.Per record review of a grievance filed by Resident #3 dated 8/11/25 states, [Resident #3] told me that during the overnight shift on 8/10 that [s/he] requested to see the nurse on duty for [his/her] throat and that [s/he] was told no by the LNA [Licensed Nursing Assistant] times 3 the last time [s/he] asked the LNA told her to stop [expletive] playing games walked out and slammed [his/her] door shut behind her.Per record review of a grievance filed 10/13/25, stated, [Resident #3] Stated nurse told [him/her] to shut up and go to sleep it was midnight and [s/he] was asking for a popsicle [s/he] doesn't want [licensed nurse] to be [his/her] nurse if she's going to be mean to [him/her].There was no evidence or record that shows that these allegations were investigated by the facility.Per interview with the Administrator on 10/21/25 at 3:04 PM, the administrator confirmed the facility did not do an internal investigation into any of the three mentioned grievances alleging abuse.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation and interview, the facility failed to store medications appropriately on one randomly observed medication cart, potentially impacting residents on 1 of 2 units. Findings include: Per observation on 10/22/25 at 8:53 AM, an unopened Lidocaine 5% patch was found to be on top of the medication cart on the second floor. There was one resident sitting in the hallway, one resident self-propelling, and 8 residents in the dining room.Per record review of the facility's Storage of Medications policy [last revised 1/2025] states, 3. During a medication pass medications must be under the direct observation of the person administering medications or locked in the Med storage area/cart.An interview was conducted with Licensed Nurse #1 on 10/22/25 at 8:58 AM. She confirmed she left the lidocaine patch on the top of the medication cart unsupervised stating, I was just coming out of a patient's room. The resident didn't want the patch, so I left it at the cart.