

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475025	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/17/2026
NAME OF PROVIDER OR SUPPLIER Springfield Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on record review and staff interview, the facility failed to ensure that a facility investigation of abuse was submitted to the state agency within the required five-day timeframe. Findings include: On 11/5/25 the State Survey Agency received an online self-report regarding allegations of staff to resident neglect/abuse for an incident that occurred on 11/3/25. The State Survey Agency did not receive a report of the facility's investigation results within 5 working days of the alleged incident. Per interview with the Administrator on 2/17/26 at approximately 1:45 PM, s/he stated the facility's investigation summary was sent to the State Survey Agency on 11/10/26 and provided an email receipt of the summary. Upon review of the email receipt, the summary was sent to an incorrect email address. The Administrator confirmed the email address used was not the correct email address to submit a facility's investigation summary. Per facility policy titled Abuse Prevention and Prohibition Program, reviewed/revised 12/2025, The Administrator will provide the state survey agency, law enforcement and the Ombudsman with a copy of the investigative report within 5 days of the incident.</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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