

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

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/08/2026
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on interview and record review, the facility failed to ensure that a resident was treated in a manner that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's right to be treated with dignity and respect, and to make choices, for 1 of 3 sampled residents (Resident #1). Findings include: Per record review, Resident #1 has diagnoses that include vascular dementia, major depressive disorder, and anxiety disorder. Per an MDS (Minimum Data Set, a resident assessment tool) dated 5/20/26, Resident #1 had a BIMS (Brief Interview for Mental Status) score of 1 indicating severely impaired cognition (the ability to perceive, learn, remember, reason, and problem-solve). Per record review of the facility follow-up investigation report received by Survey & Certification on 5/1/26, LNA #2 felt uncomfortable assisting LNA #1 with the care of Resident #1 on 4/23/26. Resident #1 was being resistive to care being provided by LNA #1 and LNA #2. She [LNA #2] stated that when [Resident #1] was resistive to care and attempting to bite, that [LNA #1] said 'stop being a retard' to Resident #1. LNA #2 further stated that Resident #1 replied to LNA #1, saying, 'I am not a retard.' The facility investigation states that LNA #1 admitted to saying Don't be a retard and hit and bit me. The facility investigation report states that the allegation was verified and that [LNA #1] admitted to using unkind words when caring for [Resident #1]. [LNA #1] was notified that not treating [Resident #1] with dignity and respect, by using the unkind words, goes against resident's rights. Per review of the facility's Resident Rights - Quality Of Life policy and procedure, dated 12/2024, its purpose is to ensure all residents are treated with a level of dignity they are entitled to while residing at the facility. The policy states, Each resident shall be care for in a manner that promotes and enhances the quality of life, dignity, respect and individuality. Item number VII states, Facility Staff speaks respectfully to residents at all times, including addressing the resident by his or her name of choice. The Administrator confirmed during an interview on 6/8/26 at 12:10 PM, that LNA #1 admitted she called Resident #1 a retard. She realized it was inappropriate.		

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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(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	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 an incident of alleged abuse for 1 of 3 sampled residents. This is a repeat deficiency for this facility, with the violation cited during two previous partial surveys dated 2/17/26 and 12/9/25. Findings include: Per record review, Resident #1 has diagnoses that include vascular dementia, major depressive disorder, and anxiety disorder. Per an MDS (Minimum Data Set, a resident assessment tool) dated 5/20/26, Resident #1 had a BIMS (Brief Interview for Mental Status) score of 1 indicating severely impaired cognition (the ability to perceive, learn, remember, reason, and problem-solve). Per record review of the facility follow-up investigation report dated 5/1/26 of an allegation of abuse, LNA #2 felt uncomfortable assisting LNA #1 with the care of Resident #1 on 4/23/26. Resident #1 was being resistive to care being provided by LNA #1 and LNA #2. She [LNA #2] stated that when [Resident #1] was resistive to care and attempting to bite, that [LNA #1] said 'stop being a retard' to Resident #1. LNA #2 further stated that Resident #1 replied to LNA #1, stating, 'I am not a retard.' The facility investigation states that LNA #1 admitted to saying Don't be a retard and hit and bit me. The facility investigation states that the allegation was verified and that [LNA #1] admitted to using unkind words when caring for [Resident #1]. [LNA #1] was notified that not treating [Resident #1] with dignity and respect, by using the unkind words, goes against resident's rights. LNA #2 did not report to LPN #1 that LNA #1 called Resident #1 a retard until 4/26/26, three days after it occurred. Per review of the facility policy and procedure titled, Abuse Prevention and Prohibition Program, dated 12/2024, section IX, subsection A, Facility Staff are Mandatory Reporters and are obligated by the Elder Justice Act any state specific regulations to report known or suspected instances of abuse of elder or dependent adults. Per interview with the Administrator on 6/8/26 at 12:10 PM, it was confirmed that the incident that occurred on 4/23/26 was not reported to Survey & Certification until three days after the incident, on 4/26/26. An investigation of this incident was not begun until 4/26/26, three days after the incident.		