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	04/01/2026

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interviews, the facility failed to provide a safe, clean, and homelike environment for the residents who reside on 2 of 2 units. Findings include:During observations of the 2nd floor unit on 3/29/2026 at approximately 4:50 PM, multiple hallway ceiling lights were noted to have dead bugs in them. Visible from the hallway, there were dusty surfaces in resident rooms # 211 and #214 and the floor in room [ROOM NUMBER] had large pieces of food smeared across it.Per observation on 3/30/2026 at approximately 8:33 AM, the surfaces in the resident rooms #211 and #214 were still dusty, the floor in room [ROOM NUMBER] was also noted to have dust and debris on the floor, room [ROOM NUMBER]'s floor was still dirty with the food from the night before. Cobwebs were noted on the outside of the 2nd floor dining room windows, obscuring the view for residents.Per interview on 3/31/2026 at approximately 2:43 PM, the Unit Manager (UM) confirmed that surfaces in residents' room were dusty.Per interview on 4/1/2026 at approximately 9:33 AM, the Maintenance Director confirmed that there were bugs in the hallway lights on the 2nd floor. He stated that the lights do get cleaned on a schedule but this time of year there tends to be more.On 4/1/2026 at approximately 9:41 AM during an interview in the 2nd floor shower room with a Licensed Nursing Assistant (LNA) s/he stated that the shower room is cold looking making it not as homey for the residents. The LNA was asked about the broken shower chair and s/he stated that it had been like this for a while. The LNA stated that s/he did not know if maintenance was aware of it. The shower room was cluttered with shower chairs, a commode, and mechanical lift, and the floors were observed to have large areas of peeling paint/sealant. The linen closet, located in the shower room, had clean blankets in multiple bags that were being stored on the floor.Per observation on 4/1/2026 at approximately 10:00 AM, the tables in the 1st floor dining room had missing laminate around the sides of the tables and the floors were audibly sticky when walked on. An air conditioner vent with dust in the vents was observed to be blowing right above a dining table where residents eat.Per observation on 4/1/2026 at approximately 10:08 AM, the 1st floor shower room was observed to be cluttered with extra chairs and other durable medical equipment (DME). There were also clean blankets in bags in this linen closet on the floor. The bathtub was noted to have a cracked area in it.Per interview on 4/1/2026 at approximately 10:13 AM, an LNA on the 1st floor reported that the bathroom normally does have all the DME in it when caring for residents making it lack a homelike atmosphere. During an environmental tour on 4/1/2026 at approximately 11:42 AM, with the Maintenance Director, Regional Director of Nursing, Licensed Nursing Home Administrator, and Regional Director of Quality and Compliance, the above environmental concerns were presented and were confirmed.

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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. Based on interview and record review, the facility failed to implement their policy related to Covid 19 vaccination and provide evidence that five out of five sampled staff members were offered a Covid 19 vaccination and consent obtained along with three out of five sampled residents (Resident #9, Resident #43, and Resident #53). Per review of the facility policy titled Coronavirus, Prevention, and Control dated 3/5/26, it states that all residents and staff members will be educated and offered a Covid 19 vaccine unless contraindicated or full immunization has been acquired. That both the staff and resident/resident representative will be educated on the benefits and the risks of the vaccination and that a vaccine will not be administered without written informed consent.Per review of the current CDC guidelines for Covid 19 vaccination (Staying Up to Date with COVID-19 Vaccines | Covid | CDC) it states that the effectiveness of previous Covid 19 vaccines decrease overtime and identifies getting updated vaccination as being especially important for people aged 65 and up, and those living in a long term care facility.1.Per record review Resident #9's and Resident #53's immunization records reveal that there is no evidence in the medical records that they were offered a Covid 19 vaccination for 2025. There was no evidence that Resident #9 or Resident #53 had consented or refused the vaccine in their medical record.Resident #43 received a Covid 19 vaccination on 7/23/25 and there was no evidence that the resident or resident representative gave informed consent for this vaccination in their record. Per interview on 4/1/26 at approximately 12:25 PM, the Director of Nursing (DON) confirmed that consent forms should be in the medical record for vaccinations, including Covid 19. The DON was unable to provide evidence that Covid 19 consents (forms indicating if they wished to have the vaccine or not) had been obtained for Resident #9, Resident #53, and Resident #43 for 2025.2. Per review of employee files, 5 of 5 sampled employees did not have evidence that they were offered the Covid 19 vaccine for the 2025 season.Per interview on 4/1/26 at 1:40 PM with the Director of Nursing and the Infection Preventionist, they confirmed that they were unable to provide evidence that Covid 19 vaccinations had been offered for the five sampled employees.