STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475039	A. Building B. Wing	08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rutland Healthcare & Rehabilitation Center	46 Nichols Street Rutland, VT 05701

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 0600 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on interview and record review, the facility failed to ensure 1 of 3 residents sampled [Resident #1] was free from physical abuse by facility staff. A reasonable person has the expectation that they will be safe in their home and can trust and rely on staff to keep them safe. In this case, a reasonable person would suffer psychosocial harm of fear and or anxiety related to being abused by a staff member. Findings include:Per record review, Resident #1 was admitted to the facility with diagnoses that include dementia, major depressive disorder, anxiety, hallucinations, dissociate conversion disorder, and has a BIMS [brief interview for mental status] score of 7 indicating severe cognitive impairment.Review of the facility's Abuse, Neglect, and Exploitation Prevention policy [effective 3/23/2010] reveals All residents of this facility have the right to be free from verbal, sexual, physical and mental abuse, corporal punishment, involuntary seclusion, neglect and misappropriation of property by facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members, legal guardians, friends or other individuals.Per review of the facility's investigation, on 7/20/25 Registered Nurse [RN] reported that [s/he] and Licensed Nursing Assistant #1 [LNA #1] heard Resident #1 yelling. LNA #1 went to Resident #1's room to see what was going on. When LNA #1 came out, [s/he] reported that Resident #1's lip was bleeding. RN reports that [s/he] assessed Resident #1's lip and relayed to LNA #1 that [s/he] would start an incident report. LNA #2 [who was in the room when Resident #1 was heard yelling] and LNA #1 then went to provide care to another resident. After that care was completed, LNA #2 went to break, and LNA #1 reported to RN that LNA #2 admitted to [h/her] that [s/he] had hit Resident #1.Per the facility 5-day investigation summary, dated 7/23/25, LNA #2 reported to the Administrator that [Resident #1] was combative during care. She reported that [Resident #1] hit her breast very hard and as a reaction, without thinking, she lashed out at [Resident #1] striking [him/her] in the face. The investigation states that the allegation that Resident #1 was physically abused by LNA #2 was verified.An interview was conducted with the facility's Administrator [ADM] on 8/5/25 at 11:30 AM.The ADM confirmed that the facility failed to ensure Resident #1 was free from abuse when LNA #2 struck the resident while providing care on 7/20/25.

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