STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475043	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greensboro Nursing Home	47 Maggie's Pond Road Greensboro, VT 05841

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and policy review, it was determined that the facility failed to store food in accordance with professional standards for food service safety. This has the potential to impact all residents. This is a repeat deficiency for this facility, with the violation cited during the previous recertification survey dated 6/11/25. Findings include: During observations and interview on 5/19/26 at 2:49 PM, a dietary staff member confirmed there were no expiration dates for the following items:-Two six-pound ten-ounce cans of cream style corn in dry storage.-One six pound can of mandarin oranges in a light syrup in dry storage.-Twelve ounces of a turkey gravy mix in dry storage.-One gallon of buttermilk ranch dressing in the refrigerator.-One gallon of creamy Italian dressing in the refrigerator.-One sixteen-ounce container of a beef base in the refrigerator.During observations and interview on 5/20/26 at 10:51 AM with the kitchen manager, she stated that there are some food items that don't arrive with an expiration date. The kitchen manager then confirmed the following items:-Half gallon of 2% Hood milk that expired on 5/15/26 in the refrigerator.-Half gallon of 2% Hood milk that expired on 5/18/26 in the refrigerator.-Corn muffins without expiration or use by date in the freezer.-Pie crust without an expiration date or use by date in the freezer.Per review of the facility policy titled Food receiving and Storage, no date, it states that all foods stored in a refrigerator or freezer will be covered, labelled, and dated with a use by date. For dry foods (foods in dry storage) it states dry foods that are removed from their original packaging should be labeled and dated with a use by date.

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
	475043	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greensboro Nursing Home	47 Maggie's Pond Road Greensboro, VT 05841

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based on interview and record review, the facility failed to ensure a resident's medical record clearly communicated the resident's code status for 1 of 17 sampled residents (Resident #4). Findings include:Per record review, Resident #4 did not have a COLST (Clinician Orders for Life-Sustaining Treatment). The resident's profile page in the Electronic Health Record (EHR) stated Resident #4 was a full code. Resident #4 has a care plan intervention dated 2/26/26 that stated the resident was a DNR/DNI (Do not resuscitate/Do not intubate) and that care limiting orders were in place if the resident were to be found unconscious, without a pulse, or not breathing. Additionally, there was no code status order. A provider note from 3/12/26 states the resident code status is a full code (Cardiopulmonary Resuscitation and Intubation).Per interview with Resident #4's responsible party on 5/18/26, she reported that Resident #4 has a code status of a DNR.Per interview with the Nurse Manager on 5/19/26 at 9:09 AM and 10:04 AM, she confirmed that there should be a code status order for the resident and that there is a discrepancy between the profile page stating the resident is a full code, the residents care plan that states they are a DNR/DNI, and a provider note that states the resident is a full code.Per interview with the Social Worker on 5/19/26 at 9:58 AM, he stated Resident #4 was a DNR and that he had sent a COLST form to the provider to be filled out, but could not locate his copy of the form. The Social Worker stated the way the code status is stated in the medical record is confusing.Per interview with the Social Worker on 5/19/26 at approximately 2 PM, he provided the COLST form that he had received from the health office he had faxed it to. Review of the COLST reveals that the resident is a DNR/DNI with a provider signature and date of 2/23/26.Per review of the facility policy titled Advanced Directives Policy and Procedure, no date, it states that nursing will review physician's orders for congruity and if a discrepancy is identified between the resident's directive and physician orders, nursing will notify the physician of the discrepancy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475043	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greensboro Nursing Home	47 Maggie's Pond Road Greensboro, VT 05841

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 - Minimal harm or potential for actual harm Residents Affected - Few	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 one resident [Resident #28] of 17 sampled residents remained free from physical abuse regarding a resident-to-resident altercation. This is a repeat deficiency for this facility, with the violation cited during a previous partial survey dated 12/22/25. Findings include: Per record review, Resident #26 has diagnoses that include dementia with behavioral disturbance, visual hallucinations, Alzheimer's disease, anxiety disorder, and cognitive communication deficit. Review of Resident #26's Care Plan reveals the resident is identified as having the potential to be physically aggressive to other resident's related to Dementia, history of aggressive behaviors: resident to resident- [Resident #26] struck another resident [8/16/2024].Resident #26's Care Plan also identifies the resident as having a behavior problem related to inability to accept minor and major changes in h/her environment, poor impulse control manifested by pacing, yelling, history of hallucinations, swearing, muttering to self, refusing to participate in tasks s/he enjoys. Behaviors persist until resolved or until 1-1 intervention. The resident is further care planned as an elopement risk/wanderer related to disoriented to place, Impaired safety awareness, wanders aimlessly and has diagnosis of dementia not of new onset with severe impairment.Per record review of the facility's Summary Report: Resident to Resident Altercation, dated 5/14/26, on 5/12/2026 at approximately 6:40 PM [Resident #28] went into [h/her] room to find [Resident #26] going through [h/her] closet. [Resident #28] stated [s/he] became very upset seeing another person going through [h/her] belongings and started yelling at the other resident. [Resident #28] stated [Resident #26] allegedly reached out with one hand and pushed [Resident #28] in [h/her] face causing [h/her] glasses to fall on the floor. [Resident #28] then left [h/her] room and went to the nurse's station where the nurse in charge was and explained what had happened. The nurse in charge went back to [Resident #28's] room and found the other resident still in the closet and Resident #28's glasses were on the floor. Staff removed [Resident #26] from [Resident #28's] room. [Resident #28] had a slight red mark on the side of [h/her] nose which may have been caused by [h/her] glasses.Facility staff conducted an interview with Resident #28 on 5/13/26, the day after the incident.Resident #28 stated A strange [person] was in my room going through my clothes.[S/he] pushed me with [h/her] hand right in my face and knocked my glasses off to the floor. I couldn't see anything. Before I knew someone came and got [h/her] out of my room. I was pissed.Per review of a psycho-social note [regarding the interrelation of social factors and individual thought and behavior] for Resident #28, also dated 5/13/26, reveals [When staff asked] how [s/he] felt about the incident, [s/he] explained that .[s/he] does not like people touching [h/her] things and it startled [h/her] because [s/he] had no idea who [s/he] was.Further review of Progress Notes for Resident #28, 2 days later on 5/14/2026, include Monitor for increased behaviors or any apparent injuries resulting from when the resident was pushed in the face and their glasses knocked to the ground. Injury assessments reveal Small bruise under right eye where eyeglasses rest. A review was conducted of the facility's investigation report of the incident between Resident #26 and Resident #28, dated 5/12/26. [Exhibit 358 (Rev. 208; 10-21-22)]. The investigation report includes Abuse,' is defined as 'the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.' 'Willful,' in the definition of 'abuse,' 'means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.'Having a mental disorder or cognitive impairment does not automatically preclude a resident from engaging in deliberate or non-accidental actions. An example of a deliberate (willful) action would be a cognitively impaired resident who strikes out at a resident within his/her reach. Neither physical marks on the body nor the ability to respond and/or verbalize is needed to conclude that abuse has occurred.An interview was conducted with the facility's Administrator [ADM] and Director of Nursing [DON] on 5/20/26 at 9:30 AM. Both ADM and DON confirmed that (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475043	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greensboro Nursing Home	47 Maggie's Pond Road Greensboro, VT 05841

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 - Minimal harm or potential for actual harm Residents Affected - Few	resident to resident abuse had occurred between Resident #26 and Resident #28 on 5/12/26 when Resident #26 struck Resident #28 in the face and knocked their glasses to the floor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475043	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greensboro Nursing Home	47 Maggie's Pond Road Greensboro, VT 05841

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 ensure that their policies related to screening for abuse via background checks had been implemented for 2 of 5 employees (LNAs #1 and #2). Findings include:Per record review of the facility policy titled Background Screening Investigations no date, it states Our facility Conducts employment background screening checks, reference checks and criminal conviction investigation checks on all applicants for positions with direct access to residents (direct access employees).Background and criminal checks are initiated within two days of an offer of employment or contract agreement, and completed prior to employment.Per record review, LNA (Licensed Nursing Assistant) #1 was hired on 7/8/25 and LNA #2 was hired on 8/29/25. LNA #1 and LNA #2 did not have [NAME] State Criminal background checks prior to 5/19/26.Per interview on 5/20/26 at 10:02 AM, the Administrator confirmed that the [NAME] State Criminal background checks had been completed yesterday, 5/19/26, for two Licensed Nursing Assistant employees and that they don't have evidence of the [NAME] State Criminal Background checks being completed prior to survey.