STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475047	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Franklin County Rehab Center, LLC	110 Fairfax Road St. Albans, VT 05478

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on interview and record review, the facility failed to review and revise resident care plans for 2 out of 17 sampled residents related to falls (Residents #40, and #48). Findings include:1) Per record review, Resident #40 has diagnoses that include: Anxiety disorder, major depressive disorder, peripheral neuropathy, atherosclerotic heart disease, weakness, presence of artificial hip, peripheral neuropathy, atherosclerotic heart disease, weakness, and presence of artificial hip. Per review of nursing progress notes, Resident #40 was found on the floor of his/her bathroom on 3/25/2026 after experiencing an unwitnessed fall.Per record review of Resident #40's care plan, s/he is at risk for falls related to weakness and peripheral neuropathy. His/Her care plan was last updated on 3/18/2026 with no new interventions entered for the fall on 3/25/2026. Per interview with the Director of Nursing (DON) on 4/21/2026 at 1:00 PM, care plans are revised and updated after each fall. She confirms that Resident #40's care plan was not revised and updated after the fall on 3/25/2026 and should have been.2) Per record review, Resident #48 has diagnoses that include: Muscle weakness, unsteadiness on feet, other drug induced secondary Parkinsonism, hypertensive heart disease with heart failure, congestive heart failure (CHF), major depressive disorder, anxiety disorder, and difficulty walking.Nursing progress notes from 3/21/2026, describe a fall experienced by Resident #48 while s/he was attempting to self-transfer. Per record review of Resident #48's care plan, s/he is at risk for falls related to weakness.Per record review the interdisciplinary team (IDT) met on 3/25/2026 and Resident #48's most recent fall [3/21/2026] was discussed with a statement that care plan had been updated as needed. The care plan was last revised on 3/8/2026 and did not reflect any new fall prevention measures for the fall on 3/21/2026. Per interview with the Director of Nursing (DON) on 4/21/2026 at 1:00 PM, care plans are revised and updated after each fall. She confirms that Resident #48's care plan was not revised and updated after the fall on 3/21/2026 and should have been.

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

Printed: 06/25/2026
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475047	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2026
NAME OF PROVIDER OR SUPPLIER Franklin County Rehab Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Fairfax Road St. Albans, VT 05478	

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on interview and record review, the facility failed to ensure 1 of 1 sampled residents (Resident #67) was free from significant medication errors related to staff not verifying that morphine concentration on the bottle matched the written order. Findings include:Per record review, Resident #67 was placed on comfort care on 2/12/2026. Diagnoses for Resident #67 include dementia, hypertensive heart disease, anxiety, depression, lymphedema (swelling caused by accumulation of fluid), and unspecified seizures.During an interview with the Director of Nursing (DON), Assistant Director of Nursing (ADON), and the Administrator on 4/21/2026 at 1:10 PM, they confirmed that a significant medication error involving Resident #67 occurred. The DON stated an order for Morphine 20 mg (milligrams)/5 ml (milliliters) was sent to Health Direct Pharmacy, and per review of the individual narcotic record, the medication was received on 2/25/2026. The DON, ADON, and the Administrator stated the prescribed concentration of (20 mg/5 ml) was printed on a label attached to the bag the medication came in. On 3/16/2026, it was discovered that the bottle of morphine prescribed to Resident #67 had a label stating Morphine 20 mg/1 ml on it (5 times the prescribed concentration). During the interview, the DON, ADON and Administrator confirmed that morphine concentration written on the bottle label was morphine 20 mg/1 ml. Per record review of medication orders, Resident #67 was prescribed Morphine 20mg/5 ml, 1ml [4mg] by mouth every 2 hrs. as needed for pain or shortness of breath (SOB) by primary physician. Per the individual narcotic record and the Medication Administration Record (MAR), Resident # 67 received 1ml doses of Morphine 20mg/ml [20 mg] on 3/1, 3/4, 3/7, 3/12, 3/15/2026, and 1ml doses twice on 3/16/26. Per record review, another order was written by the physician on 3/16/26 to increase morphine to 20mg/5ml, 2.5ml [10 mg] every 6 hrs. for pain or SOB. Per the individual narcotic record and MAR, Resident #67 received 2 doses of 2.5 ml (50 mg) out of the bottle labeled Morphine 20mg/1ml on 3/16/2026. Per interview with the DON and ADON on 4/21/2026 at 1:10 PM, they confirmed their policy for administering medications is to follow the 5 Rights of medication administration, a fundamental framework to protect patients from medication errors (Right medicine, right patient, right dose, right route, right time). This includes confirming that the medication concentration and dosage on the container matches the order written by the primary provider before administering it.