

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475050 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Thompson House Nursing Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 80 Maple Street Brattleboro, VT 05301 | |

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) |
| <p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>(continued on next page)</p> |

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: 475050 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Thompson House Nursing Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 80 Maple Street Brattleboro, VT 05301 | |
| 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) | | |
| <p>F 0656</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the interview and record review, the facility failed to implement a comprehensive care plan to ensure the safety and well-being of 3 of 4 residents (Residents #1, #2, and #3). For Resident #1, the facility failed to provide required hourly safety rounds. The facility failed to ensure a functioning motion sensor was used as planned for a resident at high risk of falls. Specifically, Resident #1-who had received multiple laxatives, was non-ambulatory, and required maximal assistance for toileting-was found deceased on the floor with a detached call light and feces present, after nursing staff left the floor unattended for extended breaks and failed to monitor the resident according to the established fall-prevention interventions. These failures resulted in an Immediate Jeopardy as the lack of supervision and failure to implement the care plan directly contributed to an unwitnessed fall and the death of Resident #1. Findings include: 1. There was no evidence documented in the medical record that Resident #1 was receiving hourly rounding consistently, every hour, or had toileting hygiene completed since [DATE] at 14:59 PM. Resident #1 had been given scheduled Senna Docusate Sodium Oral tablet 8.6-50 MG Give 2 tablet by mouth every morning and at bedtime for bowel management with a start date of [DATE] (a medication used to help alleviate constipation) on [DATE] at 9:00 AM and again at 9:00 PM. Additionally, Resident #1 was given a PRN Senna Tablet 8.6 MG with a start date of [DATE]. Give 2 tablet by mouth as needed for constipation give 2 tablets = total dose of 17.2 mg for constipation. Bowel Protocol step 1, PRN for no BM in 72 hours. The PRN was given on [DATE] at 9:31 AM. Per the documented survey report for the month of 11/25, Resident #1 had not had a bowel movement for approximately 72 hours with the last bowel movement dated [DATE] at 10:57 PM. Per record review of Resident #1's, Resident #1 had end stage heart failure, chronic kidney disease, hypertension, and was placed on hospice care on [DATE]. Resident #1 required substantial to maximum assistance for his/her toileting and hygiene needs per his/her Minimum Data Set (a tool used to identify resident abilities) dated [DATE]. Resident #1 was at a high risk for falls, with his/her most recent fall assessment dated [DATE] with a score of 13. The Fall Risk Evaluation form states that a Score 10 or higher indicated the resident is at high risk of fall. Per Resident #1's care plan reviewed on [DATE], they were care planned on [DATE] for Q1hr checks in [on] resident while in bed to ensure all needs are met as a fall intervention due to Resident #1's risk for falls due to impaired mobility and incontinence. Additionally, Resident #1 was care planned for Toilet use: The resident requires substantial/maximal assistance dated [DATE] stating The resident has an ADL self-care performance deficit r/t [due to] terminal prognosis, impaired mobility, pain and incontinence. Resident #1 also had a motion sensor as a fall intervention on [DATE]. Resident #1 had a history of five falls identified in their care plan since [DATE] with their sixth fall occurring on [DATE]. Per interview with RN #1 on [DATE] at 4:00 PM, she reported that Resident #1 had not been acting like themselves during their shift. She reported she was visually checking in on all the resident and found Resident #1 on the ground deceased, and she stated that the bed was higher than she would have liked stating it wasn't all the way up but it wasn't all the way down. When asked if any nursing staff was sleeping on the job, the RN #1 stated that she didn't witness anyone sleeping, but that the Licensed Nursing Assistant assigned to Resident #1 had taken a break that was longer than I think was reasonable and that he was gone way longer than he should have been. She stated that it is fine if the LNA's want to clump their breaks together but that should be communicated to the nurse and she indicated that it wasn't communicated to her. Per interview with RN #1 on [DATE] at 12:38 PM, she stated that she had found Resident #1 deceased on the ground, the basin was on his/her bed with feces in it, the call light was detached from the wall on the ground by Resident #1's feet at the head of the bed, and that Resident #1 was lying on his/her right lateral side and there was feces on the floor. She confirmed that she told the DON all of this on [DATE]. RN #1 confirmed that she was not aware that Resident #1 was on hourly checks and that it should have been added to the clipboard, care plan, computer, Medication Administration Record, or the Treatment Administration Record. When RN #1 was asked if she thought this accident with Resident #1 could have been prevented, she stated that more frequent rounding could have potentially helped because Resident #1 was more agitated that night. RN #1 stated she has been thinking about things she could have done better, and she stated that more supervision by her or the LNA could have helped. RN #1 additionally stated that she couldn't leave the floor to find the LNA that was taking a long break because she would have left the floor unattended. When asked about the lack of documentation in Resident #1's medical record, she reported that this accident was traumatizing to her and that she</p> | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475050 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Thompson House Nursing Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 80 Maple Street Brattleboro, VT 05301 | |

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) |
|--|--|
| <p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(continued on next page)</p> |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475050 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Thompson House Nursing Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 80 Maple Street Brattleboro, VT 05301 | |
| 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) | | |
| <p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure an environment free from accident hazards and failed to provide adequate supervision to prevent avoidable accidents for 3 of 3 residents (Residents #1, #2, and #3). Specifically, for Resident #1-who was at high risk for falls and required maximal assistance-staff failed to implement care-planned hourly safety rounds and failed to ensure functioning motion sensors and a working call light system were in place. On [DATE], nursing staff left the unit unattended for extended breaks, during which Resident #1 experienced an unwitnessed fall and was found deceased on the floor with the call light detached. These systemic failures in supervision and equipment maintenance constituted an Immediate Jeopardy, as they directly resulted in the death of Resident #1 and left other high-risk residents (Residents #2 and #3) without necessary monitoring to prevent serious injury. This is a repeat deficiency for this facility, with violations cited during the previous recertification survey dated [DATE]. Findings Include:Per observation on [DATE] the facility call light system was not working effectively, see F919 for more information.Per interviews conducted on [DATE], [DATE], [DATE], [DATE], and [DATE] with LNAs, an LPN, and RN's, they were not aware that any Residents required additional supervision checks, see F656 for more information.Per interviews and record review, Resident #1 was found deceased on the floor on [DATE] at 2:30 AM, had defecated in a basin, the call light was detached from the wall, the resident had bowel movement on the bed, in the basin, and on the floor.The facility was unable to provide evidence that Resident #1 received hourly rounding as the facility does not document hourly rounding for residents who are care planned for hourly rounding. There is no evidence that Resident #1 was receiving hourly rounding consistently, every hour, in the medical record, or had toileting hygiene completed since [DATE] at 14:59 PM. Resident #1 had been given scheduled Senna Docusate Sodium Oral tablet 8.6-50 MG Give 2 tablet by mouth every morning and at bedtime for bowel management with a start date of [DATE] (a medication used to help alleviate constipation) on [DATE] at 9:00 AM and again at 9:00 PM. Additionally, Resident #1 was given a PRN Senna Tablet 8.6 MG with a start date of [DATE]. Give 2 tablet by mouth as needed for constipation give 2 tablets = total dose of 17.2 mg for constipation. Bowel Protocol step 1, PRN for no BM in 72 hours. The PRN Senna was given on [DATE] at 9:31 AM. Per the documented survey report for the month of 11/25, Resident #1 had not had a bowel movement for approximately 72 hours with the last bowel movement dated [DATE] at 10:57 PM. 1.Per record review of Resident #1's medical record, Resident #1 had end stage heart failure, chronic kidney disease, hypertension, and was placed on hospice care on [DATE]. Resident #1 required substantial to maximum assistance for his/her toileting and hygiene needs per his/her Minimum Data Set (a tool used to identify resident abilities) dated [DATE]. Resident #1 was at a high risk for falls, with his/her most recent fall assessment dated [DATE] with a score of 13. The Fall Risk Evaluation form states that a Score 10 or higher indicated the resident is at high risk of fall. Per Resident #1's care plan reviewed [DATE], they were care planned on [DATE] for Q1hr checks in [on] resident while in bed to ensure all needs are met as a fall intervention due to Resident #1's risk for falls due to impaired mobility and incontinence. Additionally, Resident #1 was care planned for Toilet use: The resident requires substantial/maximal assistance dated [DATE] stating The resident has an ADL self-care performance deficit r/t [due to] terminal prognosis, impaired mobility, pain and incontinence. Resident #1 also had a motion sensor as a fall intervention on [DATE]. Resident #1 had a history of five falls identified in their care plan since [DATE] with their sixth fall occurring on [DATE]. Per interview with Registered Nurse (RN) #1 on [DATE] at 4:00 PM, she reported that Resident #1 had not been acting like themselves during their shift. She reported she was visually checking in on all the resident and found Resident #1 on the ground deceased , and she stated that the bed was higher than she would have liked stating it wasn't all the way up but it wasn't all the way down. When asked if any nursing staff was sleeping on the job, the RN #1 stated that she didn't witness anyone sleeping, but that the Licensed Nursing Assistant (LNA) assigned to Resident #1 had taken a break that was longer than I think was reasonable and that he was gone way longer than he should have been. She stated that it is fine if the LNA's want to clump their breaks together but that should be communicated to the nurse and she indicated that it wasn't communicated to her.Per interview with RN #1 on [DATE] at 12:38 PM, she stated that she had found Resident #1 deceased on the ground, the basin was on his/her bed with feces in it, the call light was detached from the wall on the ground by Resident #1's feet at the head of the bed, and that Resident #1 was lying on his/her right lateral side and there was feces on the</p> | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475050 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Thompson House Nursing Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 80 Maple Street Brattleboro, VT 05301 | |

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) |
|---|--|
| <p>F 0919</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>(continued on next page)</p> |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475050 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/09/2025 |
| NAME OF PROVIDER OR SUPPLIER Thompson House Nursing Home | | STREET ADDRESS, CITY, STATE, ZIP CODE 80 Maple Street Brattleboro, VT 05301 | |
| 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) | | |
| <p>F 0919</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p> <p>Note: The nursing home is disputing this citation.</p> | <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure an effective, functioning resident call system was accessible to all 32 residents on the first floor. Specifically, the facility failed to maintain a system that effectively alerted staff when a call light was disconnected from the wall at the bedside, which occurred in Resident #1's room and was confirmed through sampling in Resident #4's room. On [DATE], Resident #1-who was at high risk for falls and was receiving laxatives-was found deceased on the floor with the call light detached and unalarmed at the nurses' station. The facility further failed to implement any policies or routine testing procedures to ensure the call system's audible and visual indicators remained operational. These failures resulted in an Immediate Jeopardy (Level J) as they directly contributed to an unwitnessed fall and death and left all other residents without a reliable means of calling for assistance during an emergency. Findings Include:1.Per record review of Resident #1's medical record, Resident #1 had end stage heart failure, chronic kidney disease, hypertension, and was placed on hospice care on [DATE]. Resident #1 required substantial to maximum assistance for his/her toileting and hygiene needs per his/her Minimum Data Set (a tool used to identify resident abilities) dated [DATE]. Resident #1 was at a high risk for falls, with his/her most recent fall assessment dated [DATE] with a score of 13. The Fall Risk Evaluation form states that a Score 10 or higher indicated the resident is at high risk of fall. Per Resident #1's care plan reviewed [DATE], they were care planned on [DATE] for Q1hr [every hour] checks in resident while in bed to ensure all needs are met as a fall intervention due to Resident #1's risk for falls due to impaired mobility and incontinence. Additionally, Resident #1 was care planned for Toilet use: The resident requires substantial/maximal assistance dated [DATE] stating The resident has an ADL self-care performance deficit r/t [due to] terminal prognosis, impaired mobility, pain and incontinence. Resident #1 also had a motion sensor as a fall intervention on [DATE]. Resident #1 has the call light intervention of having a pad style call light being in reach at all times, dated [DATE]. Resident #1 had a history of five falls identified in their care plan since [DATE] with their sixth fall occurring on [DATE]. Resident #1 had been given scheduled Senna Docusate Sodium Oral tablet 8.6-50 MG Give 2 tablet by mouth every morning and at bedtime for bowel management with a start date of [DATE] (a medication used to help alleviate constipation) on [DATE] at 9:00 AM and again at 9:00 PM. Additionally, Resident #1 was given a PRN Senna Tablet 8.6 MG with a start date of [DATE] Give 2 tablet by mouth as needed for constipation give 2 tablets = total dose of 17.2 mg for constipation. Bowel Protocol step 1, PRN for no BM in 72 hours . The PRN Senna was given on [DATE] at 9:31 AM. Per the documented survey report for the month of 11/25, Resident #1 had not had a bowel movement for approximately 72 hours with the last bowel movement dated [DATE] at 10:57 PM.Per record review of Resident #1's progress notes on [DATE] at 2:30 AM, Resident #1 was found unresponsive and without a pulse and had expired. The medical record does not reveal the circumstances surrounding Resident #1's death.Per interview with Registered Nurse #1 (RN #1) on [DATE] at 12:38 PM, she stated that she found Resident #1 on the ground deceased on [DATE] at 2:30 AM, the basin was on his/her bed with feces in it, the call light was detached from the wall on the ground by Resident #1's feet at the head of the bed, and that Resident #1 was lying on his/her right lateral side and there was feces on the floor. RN #1 stated that she thinks the call light is supposed to alarm when it is detached from the wall, and it alarms at the nursing station, but that there was no indicator that the call light was detached or that Resident #1 had been moving in his/her room as she did not hear anything at the nurses station.2.Per observation of how the call light system functions on [DATE] at 6:29 PM, the Director of Nursing (DON) went to sample disconnected call lights from the wall. The DON disconnected the call light from the wall in the room that Resident #1 had been in. A soft and quiet beep could just barely be heard coming from the facilities call light system at the nurses' station. When sampling a second room, Resident #4's room, the call light system again, did not effectively notify nursing staff that the call light was disconnected. There was no visual indicator over either Resident #1's room or Resident #4's room to notify staff that the call light was detached from the wall.Per interview with a Licensed Nursing Assistant (LNA) at the nurse's station on [DATE] at 6:31 PM, she initially confirmed that she could not hear the call light making a noise when it was disconnected, and then she stated that she could barely hear the beeping from the call light after pausing and listening closely. Per interview with a RN #2 at the nurse's station on [DATE] at 6:32 PM, she stated that she could not hear the call light alarming when it was disconnected from the wall and that they must do frequent</p> | | |