

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475057	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2026
NAME OF PROVIDER OR SUPPLIER The Manor, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 577 Washington Highway Morrisville, VT 05661	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>Per interview and record review, the facility failed to ensure that 48 of 48 contracted nursing staff (licensed nursing staff and licensed nursing assistants) obtained through staffing agencies have the specific competencies necessary to care for residents' needs as identified through resident assessments and the plan of care. This has the potential to affect all residents. Findings include: Per review of 2 LNA (Licensed Nursing Assistant) employee records (1 permanent LNA and 1 contracted LNA), required competencies for resident care were missing for the LNA contracted through Clipboard Health (service used to fill staffing gaps). Per interview with the Director of Nursing (DON) on 4/15/2026 at 12:11 PM, she stated that they do not always provide the facility training to new staff especially agency because they don't know how long they are going to stay. It is a challenge to hire new staff, and they have gone back and forth about whether or not to offer the training on hire or wait until later. In regard to the Clipboard staff (staffing agency), they are required to read through the facility policies that are in their system prior to picking up a shift. When asked how the facility ensures that these caregivers are competent the DON stated that the facility staff will monitor them. Per interview with the DON on 4/15/2026 at 2:00 PM, she again confirmed there is no verification of competency for contracted nursing staff before they work with residents. The DON confirmed that competencies are addressed by observation after the employee has received an assignment, and that competencies are not documented by the facility. According to a staffing list provided by the facility there were 48 nursing staff identified as contract [agency]. The DON confirmed that agency staff is a large part of their nursing workforce and the facility would have to close without them. Per interview on 4/15/2026 at 2:20 PM, a contracted LNA (licensed nursing assistant) reported she had started at the facility two days prior and stated the process for starting is to come in the front door, go to the nurse's station, and get her assignment. She reports not receiving orientation to any new tasks stating, I jump right in. Per the Facility Assessment, review date 3/9/26, competency requirements for nursing staff include wound management skills, dementia care training, behavioral intervention training, infection prevention practices, safe lift and transfer training, and emergency response preparedness. The DON confirmed on 4/15/2026 at 2:00 PM, that these competencies were not verified for contracted nursing staff.</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: 475057	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2026
NAME OF PROVIDER OR SUPPLIER The Manor, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 577 Washington Highway Morrisville, VT 05661	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on observations and interview, the facility failed to ensure a resident's right to privacy was maintained while receiving person care for 2 of 18 sampled residents (Resident #4 and Resident #33). Findings include: Per observations on 4/13/2026 at 1:40 PM, Resident #33 was being assisted with incontinence care by a Licensed Nursing Assistant (LNA) with the door to the hall open. At this time, Resident #4 was also in their bed across the room, the curtain was not drawn between them. Another LNA entered the room and closed the door. Two of Resident #4's family members arrived and entered the room. The privacy curtain was still open, and Resident #33 was visible. On 4/14/2026 at approximately 3:30 PM, Resident #4 was observed in bed receiving personal care with 3 LNAs in the room, the door to the hall was wide open. Resident #4 was exposed on their bed. When one of the LNA's saw the surveyors, she closed the door. Per interview on 4/15/2026 at 12:30 PM, the Director of Nursing (DON) confirmed that LNAs should have provided the residents privacy by drawing the privacy curtain and/or closing the door.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475057	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2026
NAME OF PROVIDER OR SUPPLIER The Manor, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 577 Washington Highway Morrisville, VT 05661	
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 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</p> <p>Based on observation, interview, and record review the facility failed to ensure that a physician supervised and provided consultation or treatment when contacted by the facility for 1 of 18 Residents in the sample (Resident #52). Findings include: During an interview with Resident #52 on 4/13/2026 at 11:30AM, s/he was observed scratching both of their arms. The Resident stated that s/he had been itching for about three weeks, and s/he thinks it is a seasonal thing. The Resident stated that s/he had asked for medication to help. Observation of the Resident's arms revealed deep scratches on both upper and lower arms. Resident #52 has a care plan focus related to skin reflects - 3/27/2026: self-inflicted scratches to right dorsum hand - resolved- 3/27/2026: self-inflicted scratches to right wrist - resolved- 4/5/26: open lesion/self-inflicted scratches to left hand- 4/11/26: self-inflicted scratches to left forearm Interventions include Report abnormalities, failure to heal, [signs and symptoms] of infection, maceration etc. to MD. Per record review a Health Status Note dated 3/27/2026 states Received verbal order to re-start scheduled Triamcinolone cream to right arm and left shin daily for 14 days. A Skin/Wound Note dated 4/5/2026 states Resident continues [with pruritus] to all extremities. [One] area that is open on [left] hand; [negative signs and symptoms] of infection Message left for provider [question] need for systemic [medication] (cetirizine) to ease pruritic issue. This may also assist [with] sleep. A communication with Physician note dated 4/11/2026 states call to update MD (physician) with no changes to areas on arms and legs. resident continues to scratch. areas remain inflamed waiting on updated orders. There was no response documented within the communication note and no new orders were received. Per interview on 4/15/2026 at 9:29 AM a Registered Nurse (RN) stated that she had been trying to contact the Physician regarding an order for the scratches and had not heard back. She stated that Resident #52 had been being treated with Triamcinolone cream, but the order has been finished, and she had put in a request to the Physician for Cetirizine. When asked about how nursing staff communicate with physicians or providers, she stated that they call via phone and leave a message, sometimes they talk directly to the physician or send faxes. The RN also stated that they often have to keep calling and leave messages, there has been a delay in responses. She has made multiple calls and sent multiple faxes. Per interview on 4/15/2026 at 12:24 PM the Director of Nursing (DON) confirmed the delay in physician response. She stated that the Assistant Director of Nursing was aware that the Physician had not yet responded to the request for treatment for Resident #52 and has also reached out to the Physician.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475057	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2026
NAME OF PROVIDER OR SUPPLIER The Manor, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 577 Washington Highway Morrisville, VT 05661	
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 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p>Based on record review and staff interview, the facility failed to ensure that physicians reviewed the resident's total program of care at required physician visits for 2 of 18 residents (Resident #6 and Resident #33). Findings include:1.) Per record review Resident #33 has diagnoses that include dementia, anxiety, osteoporosis, cachexia (a complex metabolic syndrome characterized by involuntary weight loss, muscle wasting, and often fat loss associated with chronic or severe illness), gastroesophageal reflux, adult failure to thrive, pressure ulcer of the sacral region, malnutrition, and depression, bipolar disorder, and dysphagia (painful and/of difficult swallowing).</p> <p>Physician/Provider regulatory visit progress notes from 3/25/2025 - 3/24/2026 do not document a total review of care for Resident #33. The Physician documented at each visit that the Resident was currently taking two medications that were not ordered, Vitamin B-12 1000 MCG tablet once daily and Diflucan 100 MG daily. Per review of current Physician's orders neither of the medications were ordered.</p> <p>Per record review, nursing progress note dated 3/20/2026 and 3/25/2026 reflect that Resident #33 had developed MASD (moisture-associated skin damage) and was receiving treatment. A Physician regulatory visit progress note dated 3/24/2026 did not reflect that the Resident was being treated for MASD.</p> <p>Nursing progress notes dated 5/24/2025 and 5/31/2025 reflect that Resident #33 had a stage 2 pressure ulcer on their coccyx and bilateral blanchable erythema wounds (presence of blanchable erythema indicates early-stage skin compromise) on the heels. The Physician/Provider regulatory visit progress notes dated 5/27/2025 did not document the presence of the wounds or the care that was needed to treat the wounds.</p> <p>Per interview on 4/15/2026 at 12:11 PM the Director of Nursing (DON) confirmed that the Physician had not documented a total review of care for Resident #33. The DON stated that the facility was having difficulty getting certain providers to do so.</p> <p>2) Per record review, Resident #6 was admitted to the facility in January 2025. Per review of physician/provider notes from January 2025 through the survey date, there are no provider visit notes during this timeframe that meet the definition of a total program of care review, including a review of all current medications, treatments, and all aspects of the resident's comprehensive plan of care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475057	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2026
NAME OF PROVIDER OR SUPPLIER The Manor, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 577 Washington Highway Morrisville, VT 05661	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to ensure that infection control measures regarding hand hygiene were followed during medication administration for 2 of 2 (Resident #26 and Resident #28) residents sampled. Findings include: During observation of medication administration on 4/14/2026 at 8:22 AM, an LPN (Licensed Practical Nurse) did not perform hand hygiene by either using hand sanitizer or soap and water as required before or after wearing gloves, when preparing and administering medications for Resident #26 or before or after administering eye drops and after replacing a medication patch on the back of Resident #28. Per interview on 4/14/2026 at 8:30 AM, the LPN confirmed that she did not perform hand hygiene during medication administration for Resident #26 or Resident #28 and stated that she washes her hands or uses hand sanitizer after every few medications or residents or when she completes direct care. Review of facility policy titled Hand Hygiene Policy, review date 4/2019, states that gloves do not replace hand washing/hand hygiene and that a hand sanitizer containing at least 62% alcohol or alternatively soap and water will be used before preparing or handling medications. before and after direct contact with residents. and after removal of gloves. Review of facility policy titled Medication Administration-General Guidelines Policy, review date 8/2025, states that the person administering medications will adhere to good hand hygiene. before and after administration of ophthalmic [eye], topical. preparations. Per interview with the Director of Nursing on 4/14/2026 at approximately 1:00 PM, she confirmed that the nurse did not follow facility policy and practices for hand hygiene.</p>