Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY: (802) 241-0480
Survey and Certification Reporting Line (888) 700-5330
To Report Adult Abuse: (800) 564-1612

July 14, 2022

Ms. Amy Russell, Administrator
Saint Albans Healthcare And Rehabilitation Center
596 Sheldon Road
Saint Albans, VT 05478-8011

RE: Complaint Survey Findings - Past Non-Compliance

Dear Ms. Russell:

On **June 27, 2022**, the Division of Licensing and Protection, completed a complaint investigation at Saint Albans Healthcare And Rehabilitation Center. As a result of that survey, the Division determined that at a point in time prior to the date of our visit you were not in substantial compliance with the federal regulations applicable to long term care facilities.

Statement of Deficiencies Form CMS 2567

Enclosed is a statement of deficiency generated as a result of the survey. All references to regulatory requirements in the enclosure and in this letter are found in Title 42, Code of Federal Regulations. **As the cited deficienciency was corrected at the time of our visit, no plan of correction is required. Please sign page 1 and return a signed copy of the 2567 to this office.**

Informal Dispute Resolution

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies to Suzanne Leavitt RN, MS, Assistant Division Director, Division of Licensing and Protection. **This written request must be received by this office by July 26, 2022.**

Sincerely,

Pamela M Cota RN

Pamela M. Cota, RN
Licensing Chief

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475021	A. BUILDING _____ B. WING _____	C 06/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER	596 SHELDON ROAD SAINT ALBANS, VT 05478

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced onsite investigation of 1 complaint and 1 FRI (Facility Reported Incident) on 06/27/2022. The following regulatory deficiency was identified:	F 000		
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure the screening for abuse was completed according to their policy for 1 of 6 employees reviewed (Employee #1). Findings include: Per record review on 6/27/22 during investigation of alleged physical abuse of a resident involving Employee #1 it was noted that Employee #1's personnel file contained no evidence that a screening was done for adult abuse before or during Employee #1's three-month contract. Per interview with the Facility Administrator at 2:00 PM S/He confirmed there was no screening	F 607	Past non-compliance	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) 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.

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SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER	**596 SHELDON ROAD SAINT ALBANS, VT 05478**

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F 607	Continued From page 1 for adult abuse done for Employee #1. The Facility Administrator revealed S/he had become aware of this deficient practice when the abuse allegation was initially made, and the facility has taken the following steps to correct this: 1. The facility recognized that they had only 1 staff member trained to conduct the employment screenings and trained additional staff members to conduct the employment screenings. 2. All staff files have been reviewed to ensure all screenings have been conducted. 3. A weekly audit of newly hired staff employment records will be conducted weekly x 4 x 2 months. 4. Employment screening has been added as a topic to the QAPI agenda. This will be cited as past noncompliance as the facility recognized the deficient practice and put corrective measures in place with a return to compliance date of June 3, 2022.	F 607		