VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

December 9, 2024

Ms. Kelly Scanlon, Administrator
Springfield Health & Rehab
105 Chester Rd
Springfield, VT 05156-2106

RE: Complaint Survey Findings - Past Non-Compliance

Dear Ms. Scanlon:

On **November 26, 2024**, the Division of Licensing and Protection completed a complaint investigation at Springfield Health & Rehab. 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 deficiency 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.**

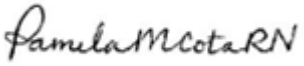
Informal Dispute Resolution (IDR) Opportunity

In accordance with 42 CFR §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, including an explanation of why you are disputing those deficiencies, to Pamela Cota, RN, at the Division of Licensing and Protection. Contact information is listed below. Please include if you would prefer a virtual meeting or prefer to submit information in writing for review. This request must be sent during the same ten days you have for submitting your plan of correction. You must still submit a plan of correction for all deficiencies, including those you are disputing, by the due date.

An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. Please note that the following are not allowable disputes in the IDR process: scope and severity of deficiencies, unless they are immediate jeopardy level or constitute substandard quality of care; remedies imposed by CMS; survey process or inconsistency issues; or concerns about the IDR process.

Email (preferred): Pamela.Cota@vermont.gov
Mailing address: Division of Licensing and Protection, attn Pamela Cota
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
Phone: (802) 241-0480

Sincerely,



Pamela M. Cota, RN, BS
Assistant Division Director
State Survey Agency Director

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475025	A. BUILDING _____ B. WING _____	C 11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGFIELD HEALTH & REHAB	105 CHESTER RD SPRINGFIELD, VT 05156

(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 complaint investigation of intakes #23450 and #23449 and one facility reported incident #23455 from 11/18/2024 through 11/26/2024 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following deficiency was identified, which is considered past noncompliance due to the facility completing corrective actions prior to the investigation.	F 000		
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 2 residents in the sample were free from physical abuse (Resident #3). Findings include: Per record review a Nursing Note for Resident #3 dated 10/31/2024 reads "This RN (Registered	F 600	Past noncompliance: no plan of correction required.	

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

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F 600	Continued From page 1	F 600		

Nurse) was called to the dining room on dementia unit by an LNA [license nursing assistant]. Who stated that [S/he] witnessed [Res #1] put [his/her] hands on another residents [Res #3] neck. While the resident was sitting at the table causing the resident to yell out." Per the facility investigation summary dated 10/31/2024 "Staff reported that resident [Res #3] stuck [his/her] tongue out at the resident [Res #1]. [Res #1] then put [his/her] hands around [Res #3] neck..."

Review of the facility investigation confirmed that the altercation between Residents #1 and #3 did occur and was witnessed on 10/31/2024.

Per interview with the Administrator on 11/19/2024 at approximately 10:00 AM the following interventions were implemented on 10/31/2024. The facility Identified all residents at risk on the 2nd floor for abuse, initiated a 1:1 for Resident #1, and immediately contacted family for permission to relocate Resident #3 for his/her safety.

Per interview with Unit Manager on 11/19/2024 at approximately 11:00 AM Resident #1 has been assigned to staff 1:1 every shift and staff document continuous observation.

Per review of facility documentation of the corrective actions taken by the facility after the incident, Resident #1 is being provided 1:1 staff to monitor behavior and redirect. Care plans for all residents were reviewed and updated. Family, physician, and authorities were notified, the incident was reported to the State Agency and investigated in the appropriate time frame. The perpetrator was psychologically evaluated, and medications were adjusted. Resident #3 was

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F 600	Continued From page 2 moved off the perpetrator's unit, and Social Services and Behavioral Health Services were involved in care and treatment for resident's post incident. Per further interview with the facility Administrator on 11/19/2024 at 3:00 PM, the facility had completed corrective actions after identifying this deficient practice, prior to the survey entrance; including identifying other residents at risk, monitoring, and entering concerns into the facility quality improvement program for ongoing follow up. Therefore, this deficiency is considered past noncompliance.	F 600		