

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 <u>http://www.dail.vermont.gov</u> Survey and Certification Voice/TTY (802) 241-0480 Survey and Certification Fax (802) 241-0343 Survey and Certification Reporting Line: (888) 700-5330 To Report Adult Abuse: (800) 564-1612

May 8, 2023

Alyssa Maker-Lawal, Administrator St Johnsbury Health & Rehab 1248 Hospital Drive Saint Johnsbury, VT 05819-9248

Provider #: 475019

Dear Ms. Maker-Lawal:

The Division of Licensing and Protection conducted an onsite complaint investigation on **May 2, 2023**. The purpose of the investigation was to determine if your facility was in compliance with Federal participation requirements of the Medicare/Medicaid Program. The investigation was completed on **May 3, 2023**, and there were no regulatory violations related to the complaint allegations.

Sincerely,

Jamela M Cota RN

Pamela M. Cota, RN Licensing Chief

Enclosure

	DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES					APPROVED	
AND BLAN DE CORRECTION DENTIFICATION NUMBER: A. BULDING COMPLETED. IMME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY STATE 2P CODE 228 HOSPITAL DRIVE ST JOHNSBURY HEALTH & REHAB SUMMAY STATUMENT OF DEFICIENCES SIMPLIANT JOHNSBURY, VT 05819 Image: A DULLOR OR SUPPLIER SUMMAY STATUMENT OF DEFICIENCES PRECENCE TAG INITIAL COMMENTS Initian Common Status Conselective Action Status F 000 INITIAL COMMENTS F 000 The Division of Licensing and Protection conducted in status F 000 ATTEL Status F 000									
Instant Control Control Instant Instant Street ADDRESS, CITY, SIATE, ZIP CODE 128 HOSPITAL DRIVE Instant Instant Street ADDRESS, CITY, SIATE, ZIP CODE 128 HOSPITAL DRIVE Instant Street ADDRESS, CITY, SIATE, ZIP CODE 128 HOSPITAL DRIVE 128 HOSPITAL DRIVE Instant Street ADDRESS, CITY, SIATE, ZIP CODE 128 HOSPITAL DRIVE 128 HOSPITAL DRIVE Instant Street ADDRESS, CITY, SIATE, ZIP CODE 128 HOSPITAL DRIVE 128 HOSPITAL DRIVE Instant Street ADDRESS, CITY, SIATE, ZIP CODE 128 HOSPITAL DRIVE 128 HOSPITAL DRIVE Instant Street ADDRESS, CITY, SIATE, ZIP CODE 128 HOSPITAL DRIVE 128 HOSPITAL DRIVE Instant Street ADDRESS, CITY, SIATE, ZIP CODE 128 HOSPITAL DRIVE 128 HOSPITAL DRIVE Instant Street ADDRESS, CITY, SIATE, ZIP CODE 128 HOSPITAL DRIVE 128 HOSPITAL DRIVE 128 HOSPITAL DRIVE Instant Street ADDRESS, CITY, SIATE, ZIP CODE 128 HOSPITAL DRIVE 128 HOSPITAL DRIVE 128 HOSPITAL DRIVE Instant Instant Instant 128 HOSPITAL DRIVE 128 HOSPITAL DRIVE 128 HOSPITAL DRIVE <td colspan="2"></td> <td></td> <td>. ,</td> <td colspan="2"></td> <td colspan="2"></td>				. ,					
AT6019 NUMB C OB/03/2023 NAME OF PROVIDER OR SUPPLIER STEET ADDRESS. CITY SITE 20F CODE T28 HOSPTAL DRIVE SANT JOHNSBURY, VT 0589 CODE ST JONNSBURY HEALTH & REHAB SUMMAY SUTTEMENT OF DEFICIENCIES PROVID PRETAK D PROVIDER OR SUPPLIER CROSS FREEDED SY NULL CROSS REPERENCE TO THE APPROPRIATE CROSS FREEDED TO THE APPROPRIATE CROSS REPERENCE TO THE APPROPRIATE DEFICIENCY CROSS REPERENCE TO THE APPROPRIATE CROSS REPERENCE TO THE APPROPRIATE CROSS REPERENCE TO THE APPROPRIATE CROSS REPERENCE TO THE APPROPRIATE CROSS REPERENCE TO THE APPROPRIATE CROSS REPERENCE TO THE APPROPRIATE CROSS REPERENCE TO THE APPROPRIATE CROSS REPEREN		oonaconon		A. BUILDI	A. BUILDING				
NAME OF PROVIDER OR SUPPLIER STACET ADDRESS, CIY, STATEL 2P CODE STATE ADDRESS, CIY, STATEL 2P CODE STATE ADDRESS, CIY, STATEL 2P CODE (MII) PREFIX REAM PROVIDER STATEMENT OF DEFICIENCIES. INC. IN CONSERVING AT THE RECENT AND THE PROVIDER STATE ADDRESS (INC. ADDRESS), CIV, STATEL 2P CODE F 000 INITIAL COMMENTS PROVIDER STATEMENT OF DEFICIENCIES. INC. INTIAL COMMENTS PROVIDER STATEMENT OF DEFICIENCIES. INC. INTIAL COMMENTS PROVIDER STATEMENT OF DEFICIENCIES. CODESREPTIBUTION OF APPROVALE DETIDUTION (INITIAL COMMENTS) PROVIDER STATEMENT OF DEFICIENCIES. CODESREPTIBUTION OF APPROVALE DETIDUTION (INITIAL COMMENTS) F 000 F 000 INITIAL COMMENTS F 000 The Division of Licensing and Protection conducted an onsite. unannounced Investigation of a facility reported incident on 5/2/2023. The issues (dentified were previously cited on 47/723, and the facility is in the corrective action period, therefore, no additional citations resulted from this investigation. F 000			475019 B. WIN		3				
ST. JOHNSBURY, VE GENA SAINT JOHNSBURY, VT GEI3 (VII) D PREFX TAG INVIDANCE STATEMENT OF DEFICIENCIES CALCHORTING WASTER ERECTION OF DEFICIENCIES TAG D PROVIDER STATAGE OF CORRECTIVE ACTION SHOULD BE CALCHORTING WASTER ERECTION OF USE DEPRIMENTION 0 ^(VII) PREFX CROSS-REFREEDED TO 10 APPROPRIATE DEPICENCY 0 ^(VII) CROSS-REFREEDED TO 10 APPROPRIATE DEPICENCY 0 ^(VIII) CROSS-REFREEDED	NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE				
CALL Disk Disk <thdisk< th=""> Disk Disk <thd< td=""><td colspan="4"></td><td>1:</td><td>248 HOSPITAL DRIVE</td><td></td><td></td></thd<></thdisk<>					1:	248 HOSPITAL DRIVE			
PREFX TAO IEACH DEPICIENCY MUST BE PRECIDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) PREFX TAG CEACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCE TO THE APPROPRIATE OMMETTION INFER F 000 INITIAL COMMENTS F 000 F 000 F 000 F 000 INITIAL COMMENTS F 000 The Division of Licensing and Protection conducted an onsite, unannounced investigation of a facility reported incident on 5/2/2023 with additional documentation review on 5/3/2023. The issues identified were previously cited on 4/7/23, and the facility is in the corrective action period: therefore, no additional citations resulted from this investigation. F 000 Image: Figure 2000 Figure	ST JOHNSBURY HEALTH & REHAB				SAINT JOHNSBURY, VT 05819				
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REERENCE TO THE APPROPRATE DEFICIENCY DME F 000 INITIAL COMMENTS F 000 F 000 The Division of Licensing and Protection conducted an onsile, unannounced investigation of a facility reported incident on 5/2/2023 with additional documentation review on 5/3/2023. The issues identified were previous/y cited on 4/7/23, and the facility reported were previous/y cited on 4/7/23, and the facility is not corrective action period; therefore, no additional citations resulted from this investigation. F Image: Figure					x			(X5) COMPLETION	
F 000 INITIAL COMMENTS F 000 The Division of Licensing and Protection conducted an onsite, unannounced investigation of a facility reported incident on 51/2023 with additional documentation review on 53/2023. The issues identified were previously cited on 4/7/23, and the facility is in the corrective action period; therefore, no additional citations resulted from this investigation.						CROSS-REFERENCED TO THE APPROPRI	CROSS-REFERENCED TO THE APPROPRIATE DATE		
The Division of Licensing and Protection conducted an onsite, unannounced investigation of a facility reported incident on 5/2/2023 with additional documentation review on 5/3/2023. The issues identified were previously cited on 4/7/23, and the facility is in the corrective action period; therefore, no additional citations resulted from this investigation.						BEHOLENCE)			
The Division of Licensing and Protection conducted an onsite, unannounced investigation of a facility reported incident on 5/2/2023 with additional documentation review on 5/3/2023. The issues identified were previously cited on 47/23, and the facility is in the corrective action period; therefore, no additional citations resulted from this investigation.	F 000			F	000				
conducted an onsite, unannounced investigation of a facility reported incident on 5/2/2023. The issues identified were previously cited on 4/7/23, and the facility is in the corrective action period; therefore, no additional citations resulted from this investigation.	1 000				000				
of a facility reported incident on 5/2/2023 with additional documentation review on 5/3/2023. The issues identified were previously cited on 4/7/23, and the facility is in the corrective action period: therefore, no additional citations resulted from this investigation.		The Division of Licen	ising and Protection						
additional documentation review on 5/2/2023. The issues identified were previously cited on 4/7/23, and the facility is in the corrective action period; therefore, no additional citations resulted from this investigation.		conducted an onsite, unannounced investigation							
The issues identified were previously cited on 4/7/23, and the facility is in the corrective action period; therefore, no additional citations resulted from this investigation.									
4/7/23, and the facility is in the corrective action period; therefore, no additional citations resulted from this investigation.									
from this investigation.		4/7/23, and the facility	y is in the corrective action						
		nom uns investigation	Ι.						
ABORATORY DIRECTORYS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATILEE TITLE THE THE DATATE									
ARORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE THE THE OXIDATE									
ABORATORY DIRECTORS OR PROVIDERSUPPLIER REPRESENTATIVE'S SIGNATURE TUE									
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S NIGNATURE THE MAGNATION									
ABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE THE THE THE THE CONTRACT									
ABORATORY DIRECTOR'S OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE									
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE									
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE THE VALUE									
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE									
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE THE (X6) DATE									
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE THE (X6) DATE									
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE									
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE									
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE									
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE									
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE									
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE									
		DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATU	RE		TITI F		(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.

PRINTED: 05/08/2023