VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
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AGENCY OF HUMAN SERVICES

April 29, 2025

Ms. Coleen Condon, Administrator
Franklin County Rehab Center, LLC
110 Fairfax Road
St Albans, VT 05478-6299

Dear Ms. Condon:

Enclosed is a copy of your acceptable plans of correction for the recertification survey conducted on **March 12, 2025.** Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

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
	475047	A. BUILDING _____ B. WING _____	C 03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN COUNTY REHAB CENTER LLC	110 FAIRFAX ROAD ST 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
E 000	Initial Comments The Division of Licensing and Protection conducted an emergency preparedness review during the annual recertification survey on 3/12/2025. There were no regulatory violations related to emergency preparedness.	E 000	F 658 – Services Provided Meet Professional Standards 1. Corrective action has occurred for this resident who was assessed for bruise / injury on day of the surveyor report 3/11/25. Resident will receive a thorough skin check weekly, typically on bath day. Resident's care plan has been reviewed / updated for anti-coagulation therapy. 2. Other residents that have the potential to be affected by this deficiency will be identified through medication review for anti-coagulation therapy and will be care-planned appropriately. All residents will receive a thorough skin check weekly, typically on bath day. Any findings will be assessed and documented. 3. Education was provided to all nursing staff regarding the importance of proper skin checks and documentation. 4. Corrective actions will be monitored through a chart review to ensure a proper skin check has been completed and documented. Findings will be reported at QAPI. Date of Completion: 4/11/2025	
F 000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite recertification survey and complaint investigation # 23668 from 3/10/2025 through 3/12/2025 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following deficiencies were identified:	F 000		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow professional standards related to assessing and monitoring a large bruise for 1 of 22 residents (Resident #33). Findings include: Per observation on 3/10/2025 at 1:42 PM Resident #33 was observed to have a large bruise on his/her left outer thigh, approximately seven-inches in diameter. Per review of the Lippincott Manual of Nursing [edition 11, 2018], "The standards of care for	F 658		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Eileen Condon | TITLE: Administrator | (X6) DATE: 4/4/2025

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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F 658	Continued From page 1 professional nursing include assessment, diagnosis, implementation and evaluation. Departure from Standards of Care include Failure to adhere to facility policy or procedure guidelines. Failure to monitor or observe a patient's clinical status adequately, failure to make prompt, accurate entries in a patient's medical records." Per record review, there was no documented evidence that the bruise had been assessed or monitored. An interview was conducted with Licensed Practical Nurse (LPN) #1 and Registered Nurse (RN) #1 on 3/11/2025 at 2:30 PM. Per interview, LPN#1 and RN#1 confirmed there was no assessment of, or documentation related to the bruise on Resident #33's left outer thigh. The DON [Director of Nursing] was present during the interview. She confirmed that she was aware of the bruise, and stated Resident #33 did not know how it happened.	F 658	**Tag F 658 POC accepted on 4/29/25 by S. Freeman/S. Stem**	
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a	F 758	see next page	

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F 758	Continued From page 2 resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that 1 of 5 sampled resident's (Resident #45) was free from	F 758	F 758 – Free From Unnecessary Psychotropic Meds / PRN Use 1. Corrective action has occurred for this resident who was assessed for continued PRN psychotropic medication on 3/12/2025. This resident will continue to receive an assessment by the physician with documented rationale for any PRN psychotropic medication ordered for more than 14 days. 2. Other residents that have the potential to be affected by this deficiency will be identified through medication review for PRN psychotropic medication. An ongoing list of residents meeting these criteria will be reviewed for proper assessment by the physician at QAPI meetings. 3. Education was provided to physicians and physician assistants regarding the "Mega rule" requirements. 4. Corrective actions will be monitored through a chart review to ensure a proper order and assessment has been completed and documented. Findings will be reported at QAPI. Date of Completion: 4/11/2025	

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F 758	Continued From page 3 unnecessary psychotropic medications. Findings include: On 3/11/24 at 1:20 PM Resident #45 was observed sitting in the hallway sleeping in their wheelchair. After approximately 30 minutes an LNA (licensed nursing assistant) attempted to rouse resident #45. Resident #45 briefly woke up and indicated that they would like to go to their room. The LNA wheeled Resident #45 into their bedroom. At 3:00 PM on 3/11/25 Resident #45 was observed sitting in their wheelchair pointed directly at the corner of their room staring at the wall with no music, TV, or other stimuli present. When asked questions, Resident #45 did not respond. Per record review Resident #45 is prescribed "0.5 mg of Ativan every 6 hours as needed for anxiety for 30 days **reassess after 30 days**." This order was entered on 2/18/25. A facility policy titled "Use of Psychotropic Medication," which was implemented by the facility on 12/20/2021, states "If the attending physician or prescribing practitioner believes that it is appropriate for the PRN [as needed] order to be extended beyond 14 days, he or she shall document their rational in the resident's medical record and indicate the duration for the PRN order." There was no documented evidence that the attending physician documented a rational for extending Resident #45's Ativan for 30 days instead of 14 days as indicated in the facility's policy. In an interview on 3/12/25 at 9:50 AM the Unit Manager confirmed that the attending physician who extended Resident #45's Ativan order to 30 days and did not document a rational in Resident #45's medical record.	F 758	**Tag F 758 POC accepted on 4/29/25 by S. Freeman/S. Stem**	

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F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Per observation, interview, and facility policy review, the facility failed to ensure medications were removed from the medication storage room use when expiration date has been reached. Findings include: Per observation on 3/12/2025 at 12:50 PM during the inspection of the facility's one medication storage room, the following medications were found to have expired:	F 761	F 761 – Label / Store Drugs and Biologicals 1. Corrective action has occurred for this finding by our consulting pharmacist on 4/1/2025. She completed a med room inspection and will complete inspection on a scheduled quarterly basis. 2. The facility will continue to check expiration dates prior to medication administration. The pharmacist will now include the medication room in her quarterly medication inspections. 3. Discussion was had with the pharmacist to check the medication storage area as well as medication carts for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels. 4. Corrective actions will be monitored by administrative nursing staff to ensure receipt of a medication room inspection sheet completed by the pharmacist at least quarterly. Date of Completion: 4/1/2025	

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F 761	Continued From page 5 1 box Bisacodyl 5 mg laxatives exp: 1/2024 2 Glucagon Emergency Kits (used in emergencies to treat significantly low blood sugars) exp: 1/2025 6 Salonpas pain patches exp: 5/2023 1 Pink Bismuth 8 oz bottle exp: 8/2024 5 Bottles of Aspirin 325 mg tab count: 100 per bottle exp: 2/2024 Per facility "Medication Storage" policy [last reviewed/revised 11/1/2024] states, "Policy Explanation and Compliance Guidelines: 8. Unused Medications: The Pharmacy and all medication rooms are routinely inspected by the consultant pharmacist for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels." Per interview on 3/12/2025 at 12:55 PM, LPN #1 confirmed the above medications had not been removed from the medication room when they expired.	F 761	**Tag F 761 POC accepted on 4/29/25 by S. Freeman/S. Stem**	