VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
www.dlp.vermont.gov

[phone] 802-241-0344
[fax] 802-241-0343

AGENCY OF HUMAN SERVICES

August 18, 2025

Ms. Jessica Jennings, Administrator
Saint Albans Healthcare and Rehabilitation Center
596 Sheldon Road
Saint Albans, VT 05478

Provider ID #: 475021

Dear Ms. Jennings:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **July 22, 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
Pamela M. Cota, RN, BS
Assistant Division Director
State Survey Agency Director

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saint Albans Healthcare and Rehabilitation Center	596 Sheldon Road , Saint Albans, Vermont, 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
F0000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite complaint investigation of ACTS # 24131 on 6/30/2025, with offsite work continuing on 7/1/2025 and 7/2/2025, to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. Deficiencies were cited as a result of this survey. During offsite review, it was determined that Immediate Jeopardy (IJ) was identified at F689 related to violations around accidents, hazards, and supervision and F742 related to treatment and services for mental and psychosocial concerns. The facility was notified of Immediate Jeopardy on 7/17/2025. This IJ determination also results in substandard quality of care. An onsite assessment of the removal of the IJs was conducted at the facility on 7/22/25 related to F689 and F742. The facility had completed sufficient corrective actions to remove the immediate jeopardy for F689 on 7/18/2025 by educating staff and reviewing and revising care plans for all residents at risk for accidents related to a diagnosis of mental illness, trauma, and history of self-harm and sulcidal ideation. The IJ for F was removed on 7/18/25 but the non-compliance with requirements remains. The facility had completed sufficient corrective actions to remove the immediate jeopardy for F742 on 7/21/2025 by educating staff and reviewing and revising care plans for all residents and ensuring behavioral health visits were being conducted for all residents with a diagnosis of mental health disorder, psychosocial adjustment, or trauma but the non-compliance with requirements remains. An onsite extended survey was conducted on 7/21/25 through 7/22/25. There were no additional findings associated with the extended survey.	F0000		
F0689 SS = SQC-J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that -	F0689		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	8/08/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saint Albans Healthcare and Rehabilitation Center	**596 Sheldon Road , Saint Albans, Vermont, 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
F0689 SS = SQC-J	Continued from page 1 §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to assess and identify individual risks and implement measures to provide supervision to prevent accidents resulting in harm to 1 of the 3 sampled residents (Resident #1). Findings include: Per record review, Resident #1 has the following diagnoses: adjustment disorder, borderline personality disorder, anxiety, and major depressive disorder. A review of the initial Minimum Data Set (a standardized, comprehensive assessment of an adult's functional, medical, psychosocial, and cognitive status) indicates a BIMS (brief interview for Mental Status) of 15, suggesting that Resident #1 is cognitively intact. Resident #1 had been living in a group home until a short time ago when she/he was found to require more assistance with Activities of Daily and was admitted to the facility for rehabilitation. The State Agency received a report from the facility Administrator regarding an incident that occurred on 6/10/2025. The report reveals that Resident #1 was found in his/her room with deep wounds to his/her left forearm and thumb area. Two pairs of Scissors were found at the bedside. When asked what happened, S/he stated, "I cut myself with scissors because I wanted to kill myself." Resident #1's room was searched, and a single knitting needle was found. Additional reporting was provided to the State Agency regarding a second incident, dated 6/15/2025, in which Resident #1 was found to have removed all the sutures from the laceration. Per the "Facility Assessment," with a review date of 7/11/2024, "We are able to provide care to residents with depression, anxiety, manic depression, and psychiatric disorders. Staff are trained upon hire and annually on trauma-informed care, which includes trauma symptoms, triggers, and how to provide support in the long-term care setting. In-house providers- our medical director and NP provide treatment of mental/behavioral health services as applicable. Person-centered care planning occurs, which supports the cognitive and mental health needs of the residents".	F0689	**The filing of this plan of correction does not constitute an admission of the allegations set forth in the statement of deficiencies. The plan of correction is prepared and executed as evidence of the facility's continued compliance with applicable law** **F-689 accidents and supervision** **Resident # 1 received first aid immediately after the incident and was sent to the emergency room.** **Other residents with a history of trauma could be affected by this alleged deficient practice.** **No other residents were observed with s/s of self harm.** **All staff will be re- educated on the center's policy OPS100 for Accidents/Incidents.** **The Don/designee will audit residents with mental illness, trauma, and a history of self-harm/suicidal ideation for statements of self harm and items that may be used to cause self-harm weekly x4 and monthly x 3 to ensure compliance.** **All audits will be reviewed at QAPI for further recommendations.** **Date of compliance: 8/12/2025** **F0689 POC accepted on 8/14/25 by D. Hoffman/S. Stem**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saint Albans Healthcare and Rehabilitation Center	**596 Sheldon Road , Saint Albans, Vermont, 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
F0689 SS = SQC-J	Continued from page 2 Per record review, an Emergency Room note dated 12/21/24 reveals that Resident #1 presents for self-injury to his/her finger and suicide ideation, stating s/he is overwhelmed by the change in his/her living situation. Per a "Case Management Progress Note" with a date of 12/23/24, reveals Resident #1 held a butter knife to his/her throat and then harmed themselves by tearing off a fingernail at the nail bed, indicating s/he was overwhelmed by his/her transfer to a different facility. At the time, Resident #1 was endorsing suicidal ideation, stating she/he would find a way to act on it. Per "Trauma Informed Care" policy effective 5/1/2024, "The Center will identify triggers which may re-traumatize patients with a history of trauma. Trigger-specific interventions will identify ways to decrease the patient's exposure to triggers that re-traumatize the patient, as well as identify ways to mitigate or decrease the effect of the trigger on the patient and will be added to the patient's care plan. Trauma-specific care plan interventions will recognize the interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety. In situations where a trauma survivor is reluctant to share their history, the Center will still try to identify triggers which may re-traumatize the patient and develop care plan interventions which minimize or eliminate the effect of the trigger on the patient." Per review of Resident #1's care plan, an entry dated 5/7/25 reveals that Resident #1 is at risk for suicidal ideations and self-harm "Pt [patient] had held a butter knife to [his/her] throat and made a self-injury to her fingernail", with goals that include asking resident to share suicidal history and monitor any behavioral changes. The care plan does not contain safety interventions related to preventing self-harm until 6/10, when Resident #1 cut his/her arm. Per "Transition of Care Report", dated 5/6/2025, a physical therapy entry indicates that a few months ago at his/her baseline, Resident #1 was able to ambulate around his/her home and used a wheelchair for longer distances. S/he was able to perform personal hygiene without assistance. She is now requiring more assistance with transfers and self-care and has limited mobility that requires more assistance. "Today [s/he] is well below previous baseline level of functional	F0689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saint Albans Healthcare and Rehabilitation Center	**596 Sheldon Road , Saint Albans, Vermont, 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
F0689 SS = SQC-J	Continued from page 3 mobility", at high risk for falling. Per Minimum Data Set (A standardized, comprehensive assessment of an adult's functional, medical, psychosocial, and cognitive status) dated 5/21/2025, Resident #1 is dependent on staff (dependent is defined as "helper does all the effort, resident does none of the effort to complete the activity" for toileting hygiene, defined as "the ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement", s/he is dependent on staff to dress both upper and lower body, s/he cannot turn self in bed, or come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. Additionally, s/he is dependent on being able to get on and off a toilet or commode. A review of "Social Service and Documentation" dated 5/9/2027, there is an entry in the Mood category that Resident #1 has a history of behaviors, depression, and self-harming, she/he has had the recent experience of a change in residence, and a change in persons lived with. The Mental Health section reveals that Resident #1 has a diagnosis of a major mental illness, listing them as Depression, Anxiety Disorder, and personality disorder, and displays symptoms of psychosocial adjustment difficulty that are described as "became upset during incontinence episode, slapping self and crying after admission". In the section "Mental Health Treatment History," it is entered that Resident #1 has received mental health treatment and that this consists of outpatient psychiatry, and treatment is ongoing. In the "Trauma History" section, it is indicated that Resident #1 has a history of trauma/Post Traumatic Stress Disorder (PTSD). There is an entry that states per mental health case worker, Resident #1 has a history of self-harm and frequent trips to the Emergency Department for self-cutting, slapping self in face and head when upset or needs are not met Per "Psychiatric Evaluation & Consultation" dated 5/9/2025 reveals this is the initial consult with Resident #1, outside records indicate a diagnosis of PTSD; however, the medical chart does not reflect the diagnosis. With the history of borderline personality disorder, s/he could easily become unstable. Per "Psychiatric Evaluation &Consultation" dated 5/19/2025, it was revealed that Resident #1 is keeping busy with lots of arts and crafts. It is discussed that Resident # 1 will have a 7-day follow-up with the Behavioral Health Provider. There are no further visits until 6/13/25.	F0689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saint Albans Healthcare and Rehabilitation Center	**596 Sheldon Road , Saint Albans, Vermont, 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
F0689 SS = SQC-J	Continued from page 4 Per review of Progress Notes, there are multiple entries (5/7/2025 hitting face, 5/21/2025 hitting self, spitting at staff, 5/22/2025 hitting self, throwing self, 6/4/25 kicked Licensed Nursing Assistant, hitting self in face, 6/6/2025 rocking chair, throwing self out, 6/7/25 threatened to hurt self. Per Progress Notes on 6/10, Resident # 1 is found with a large deep laceration to his/her arm and two pairs of bloody scissors by his/her bed. When the staff asked what happened, she/he stated, "I cut myself with the scissors because I wanted to kill myself, because the night shift left me wet." Resident # 1 received medical care to close the wounds and returned to the facility the same day. Per "Provider Note" dated 6/15/2025, indicates Resident # 1 removed all sutures from the lacerations inflicted on 6/10/2025resulting in opening the deep wound on his/her arm. When Resident #1 was asked why she/he removed the sutures/they indicated a desire for the wound to become "infected before she/he dies." Per "Psychiatric Evaluation &Consultation" dated 6/13/2025, reads Resident #1 has diagnoses of borderline personality disorder, depression, and anxiety, takes medications for PTSD, and mood. Resident #1 reveals that she/he cut his/her arm because the nighttime staff were not being nice to him/her, saying they would not return as she/he had urinated too many times, causing frustration. So s/he cut his/her arm as she/he wanted to remove him/herself from the situation. The self-injury was related to a specific incident of feeling helpless and maladaptive coping skills. She notes that medical records indicate Resident #1 has a history of this behavior when s/he is not feeling listened to or feel helpless. The therapist notes "chronic enduring condition with high risk of destabilization." Per interview on 6/30/2025 at 1:26 PM, the Activity Director revealed that Resident #1 enjoyed arts and crafts and frequently attended activities. She did not pay specific attention to preventing Resident #1 from obtaining sharp objects, and, to her knowledge, Resident #1 had no interventions in place to alert her to the potential risk of obtaining sharp objects. Resident#1's medical record contains multiple entries, indicating that s/he has a history of difficulty	F0689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saint Albans Healthcare and Rehabilitation Center	**596 Sheldon Road , Saint Albans, Vermont, 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
F0689 SS = SQC-J	Continued from page 5 adjusting to change, evidenced by a recent past admission to a rehabilitation facility where s/he had difficulty with the transition, demonstrating self-harming behaviors and suicide ideations. S/he is physically more dependent on Staff for activities of daily living and assistance with toileting. The record contains multiple entries in the progress notes that indicate an increase in self-harming behaviors; the facility failed to recognize the risk and protect Resident #1 from self-harming or identify triggers related to trauma or psychosocial adjustment disorder, resulting in the resident having access to sharp scissors and harming herself. Per interview on 6/30/25 at 3:09 PM, the Director of Nursing (DON) stated that the facility failed to identify the risk to the resident and did not provide supervision to prevent the resident from harming self. The facility did not follow its policy and identify trauma-specific triggers, or identify interventions to mitigate triggers, or develop a care plan to prevent further traumatizing the resident.	F0689		
F0742 SS = SQC-J	Treatment/Srvcs Mental/Psychoscial Concerns CFR(s): 483.40(b)(1) §483.40(b) Based on the comprehensive assessment of a resident, the facility must ensure that- §483.40(b)(1) A resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder, receives appropriate treatment and services to correct the assessed problem or to attain the highest practicable mental and psychosocial well-being; This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to acknowledge and assess the underlying causes of the resident's expression of distress and failed to develop and implement a care plan that addressed this distress, resulting in deterioration of the resident's mental and psychosocial well-being and resulting in the resident harming self for 1 of 3 (Resident #1) of the applicable sample and failed to revise care plans for triggers related to trauma for 9 or 12 residents (Residents #1, #2, #3, #4, #5, #6, #7, and #8). This is a repeat deficiency for this facility, with the violation cited during the previous recertification	F0742		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saint Albans Healthcare and Rehabilitation Center	596 Sheldon Road , Saint Albans, Vermont, 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
F0742 SS = SQC-J	Continued from page 6 survey, dated 1/28/25. Findings include: 1.) Per record review, Resident #1 has the following diagnoses: adjustment disorder, borderline personality disorder, anxiety, and major depressive disorder. A review of the" Brief Interview for Mental Status Evaluation" (A test for cognitive function) dated 5/28/25 provides a score of 15, suggesting that Resident #1 is cognitively intact. Resident #1 had been living in a group home until recently when she/he was found to require more assistance than the group home could provide. The State Agency received a report from the facility Administrator regarding an incident that occurred on 6/10/2025. The report reveals that Resident #1 was found in her room with deep wounds to her left forearm and thumb area. Scissors were found at the bedside. When asked what happened, s/he stated, "I cut myself with scissors because I wanted to kill myself." Resident #1's room was searched, and a single knitting needle was found. Additional reporting was provided to the State Agency on 6/15/2025, indicating that Resident #1 removed all sutures from the laceration. Per the "Facility Assessment" with a review date of 7/11/2024, "We are able to provide care to residents with depression, anxiety, manic depression, and psychiatric disorders. Staff are trained upon hire and annually on trauma-informed care, which includes trauma symptoms, triggers, and how to provide support in the long-term care setting. In-house providers- our medical director and NP provide treatment of mental/behavioral health services as applicable. Person-centered care planning occurs, which supports the cognitive and mental health needs of the resident." Per record review, an Emergency Room note dated 12/21/24 reveals that Resident # 1 presents for self-injury to his/her finger and suicide ideation, stating s/he is overwhelmed by the change in his/her living situation. Per a "Case Management Progress Note" with a date of 12/23/24, reveals that Resident #1 held a butter knife to his/her throat and then harmed themselves by tearing off a fingernail at the nail bed, indicating s/he was overwhelmed by his/her transfer to a different facility. At the time, Resident # 1 was endorsing suicidal ideation, stating she/he would find a way to act on it. Resident #1 was residing in a group home, with admittance to a long-term care facility for the purpose of rehabilitation to improve mobility. According to the "Transition of Care Report" dated 5/6/2025, a physical therapy entry indicates that a few	F0742	**F0742Treatment/Srvs Mental/Psychosocial Concerns** **Resident #1 was transferred to the hospital and was provided with an emergency discharge. Residents #2, #3, #4, #5, #6, #7, and #8 all have updated care plans with triggers associated with their trauma.** **Nurses & SW were educated on the center's policy regarding Trauma Informed Care.** **The center's social worker and the contracted Behavioral Health NP were educated on visit frequency in relation to providing treatment and services for mental health and psychosocial wellbeing r/t psychiatric services.** **The administrator and or her designee will audit residents who have a diagnosis of a mental disorder, psychosocial adjustment difficulty, or who has a history of trauma to ensure triggers have been identified and incorporated into the care plan and to ensure that the resident receives appropriate treatment services- weekly x 4 and then monthly x 3.** **All audits will be reviewed at QAPI for further recommendations.** **Date of compliance: 8/12/2025** **F0742 POC accepted on 8/14/25 by D. Hoffman/S. Stem**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saint Albans Healthcare and Rehabilitation Center	**596 Sheldon Road , Saint Albans, Vermont, 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
F0742 SS = SQC-J	Continued from page 7 months ago, at baseline, Resident #1 was able to ambulate around their home and used a wheelchair for longer distances. S/he was able to perform personal hygiene without assistance. S/he is now requiring more assistance with transfers and self-care, and has limited mobility that requires more assistance. "Today [s/he] is well below previous baseline level of functional mobility", at high risk for falling. Per review of Progress Notes, there are multiple entries (5/7/25 hitting face, 5/21/25 hitting self, spitting at staff, 5/22/25 hitting self, throwing self, 6/4/25 kicked Licensed Nursing Assistant, hitting self in face, 6/6/25 rocking chair, throwing self out, 6/7/25 threatened to hurt self) demonstrating ongoing self -harm or threats to self harm. Per "Psychiatric Evaluation & Consultation" dated 5/9/2025 reveals this is the initial consult with Resident #1, outside records indicate a diagnosis of PTSD; however, the medical chart does not reflect the diagnosis. With the history of borderline personality disorder, s/he could easily become unstable, and she would follow up in 7 days. A review of "Social Service and Documentation" dated 5/9/2027, has an entry in the Mood category that Resident #1 has a history of behaviors, depression, and self-harming and has had the recent experience of a change in residence, and a change in persons lived with. Under the Mental Health section, it is indicated that Resident #1 has a diagnosis of a major mental illness, listing them as Depression, Anxiety Disorder, and personality disorder, and displays symptoms of psychosocial adjustment difficulty that are described as "became upset during incontinence episode, slapping self and crying after admission". In the section "Mental Health Treatment History," it is entered that Resident #1 has received mental health treatment and that this consists of outpatient psychiatry, and treatment is ongoing. In the "Trauma History" section, it is indicated that Resident #1 has a history of trauma/Post Traumatic Stress Disorder (PTSD). There is an entry that states per mental health case worker, Resident #1 has a history of self-harm and frequent trips to the Emergency Department for self-cutting, slapping self in face and head when upset or needs are not met. Per "Psychiatric Evaluation Consultation" 5/19/2025, reveals that Resident #1 is keeping busy with various arts and crafts, including making tissue paper. It is discussed that Resident #1 will have a weekly follow-up with the Behavioral Health Provider. Plan to follow up	F0742		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saint Albans Healthcare and Rehabilitation Center	**596 Sheldon Road , Saint Albans, Vermont, 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
F0742 SS = SQC-J	Continued from page 8 in 7 days. There are no further visits until 6/13/2025. Per Progress Notes on 6/10, Resident # 1 is found with a large deep laceration to his/her arm and two pairs of bloody scissors by his/her bed. When the staff asked what happened, she/he stated, "I cut myself with the scissors because I wanted to kill myself, because the night shift left me wet." Per record review of an email to the Social Service Director dated 6/12/2025, Resident #1's mental health case worker indicates "a long-time history of behaviors that include self-harm when triggered by an external event or personal interaction, or needs are not met immediately ...[she/he] has the potential to become extremely anxious and verbal /yelling in addition to [his/her] self-harming behaviors and voicing suicidal intentions." Per "Psychiatric Evaluation" 6/13/2025 reveals that Resident #1 has diagnoses of borderline personality disorder, depression, and anxiety, takes medications for PTSD, and mood. It reveals she/he cut his/her arm because the nighttime staff were not being nice to him/her, s/he was told that they would not return as s/he had urinated too many times, causing frustration and so s/he cut her arm, as s/he wanted to remove him/herself from the situation. The self-injury was related to a specific incident of feeling helpless and maladaptive coping skills. The evaluation notes that medical records indicate Resident #1 has a history of this behavior when s/he is not feeling listened to or feels helpless. The therapist notes "chronic enduring condition with high risk of destabilization." Per "Provider Note" dated 6/15/2025, reveals Resident # 1 removed the sutures, opening the deep wound on his/her arm. When Resident #1 was asked why she/he removed the sutures/they indicated a desire for the wound to become infected before she/he dies. Per "Trauma Informed Care" policy effective 5/1/2024, The Center will identify triggers which may re-traumatize patients with a history of trauma. Trigger-specific interventions will identify ways to decrease the patient's exposure to triggers that re-traumatize the patient, as well as identify ways to mitigate or reduce the effect of the trigger on the patient and will be added to the patient's care plan. Trauma-specific care plan interventions will recognize the interrelation between trauma and symptoms of trauma, such as substance abuse, eating disorders,	F0742		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saint Albans Healthcare and Rehabilitation Center	**596 Sheldon Road , Saint Albans, Vermont, 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
F0742 SS = SQC-J	Continued from page 9 depression, and anxiety. In situations where a trauma survivor is reluctant to share their history, the Center will still try to identify triggers which may re-traumatize the patient and develop care plan interventions which minimize or eliminate the effect of the trigger on the patient." The medical record contains multiple entries of a history of self-harming behaviors that are attributed to psychosocial adjustment difficulty. The admission assessments (the MDS and the "Social Service and Documentation") contain information indicating that Resident #1 has an adjustment disorder and requires additional assistance from staff. Behavioral Health notes indicate there is a high risk of destabilization if the resident feels helpless or is not listened to. Additionally, there was a lapse in Behavioral Health services from 5/19/2025 to 6/13/2025. The medical record has evidence of multiple entries describing self-harming behavior that is related to adjustment disorder, a change in environment, and increased dependence on staff for Activities of Daily Living. On 6/30/2025 at 1:54 PM, an interview with the Social Service Director and the DON revealed that Resident #1 was not asked about his/her trauma or triggers; Resident #1's case workers provided information, identifying triggers that result in self-harming behavior and suicidal ideation. Per interview by phone on 7/2/2025 at 10:50 AM, the DON confirmed that the facility did not adequately acknowledge Resident # 1's distress, by identifying and mitigating triggers of trauma, ensuring that Mental Health Services were available, and by keeping Resident # 1 free from accidents, and did not follow their internal policy. 2.) Per record review, seven residents (Residents #2, #3, #4, #5, #6, #7, and #8), who have diagnoses of trauma and/or PTSD [Post-Traumatic Stress Disorder], did not have their care plans updated with triggers associated with their trauma. An interview was conducted with the Social Worker on 7/21/25 at 11:57 AM. The Social Worker confirmed the care plans did not have triggers identified that were associated with the residents' history of trauma. On 7/21/25 at 3:34 PM it was confirmed with the Administrator and Social Services Director that the triggers had not been added to the residents' care plans until 7/21/25.	F0742		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saint Albans Healthcare and Rehabilitation Center	**596 Sheldon Road , Saint Albans, Vermont, 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
F0742 SS = SQC-J		F0742		