VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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AGENCY OF HUMAN SERVICES

March 5, 2026

Mr. Travis Bergeron, Administrator
Pines Rehab & Health Center
601 Red Village Road
Lyndonville, VT 05851

Provider ID #: 475044

Dear Mr. Bergeron:

Enclosed is a copy of your acceptable plans of correction for the recertification survey conducted on **February 11, 2026.** 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: 475044	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pines Rehab & Health Center	601 Red Village Road , Lyndonville, Vermont, 05851

(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
E0000	Initial Comments The Division of Licensing and Protection conducted an unannounced, onsite emergency preparedness review on 2/11/26 during the annual recertification survey. There were no regulatory violations identified.	E0000		
F0000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite recertification survey from 2/9/26 through 2/11/26 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory deficiencies were identified:	F0000		
F0812 SS = F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by:	F0812	F 0812 1. No resident were negatively affected due to the alleged deficient practice. 2. Residents residing in the facility have the potential to be affected by the alleged deficient practice. 3. The identified food items during the survey period were discarded. 4. A complete audit of all food Items during the survey period were discarded. 5. The policy and procedure for food storage was reviewed with staff responsible for food storage. 6. Audits will be done by the CDM or designee weekly x3 months. 7. The results of the audits will be reported to the QAA committee x3 months at which time the committee will determine the need for further audits. 8. Corrective action will be completed by 3/28/2026 **Tag F 812 POC accepted on 3/5/26 by W. White/S. Stem**	

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	3/4/26

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F0812 SS = F	Continued from page 1 Based on staff interviews and observations, the facility failed to consistently store food in accordance with professional standards for food service. There is a potential to affect all residents. Findings include: Per observation and interview on 2/9/2026 at 10:25 AM, during an initial tour of the kitchen, the Kitchen Manager confirmed there were three loaves of bread on the counter that did not have discard by dates on them. She confirmed that all perishable foods removed from the freezer and stored in the refrigerator, or on the countertop for imminent use, are supposed to be labeled with a discard by date. She confirmed that all leftovers of food prepared in the kitchen are also supposed to be labeled with a discard by date. The discard by date indicates that the food has been in the refrigerator for three days and needs to be discarded. The Kitchen Manager confirmed at 10:36 AM that there was a large box of hard-boiled eggs in the refrigerator with a discard by date of 11/20/25. She confirmed that there was a bag of pancakes in the refrigerator without a discard by date on the bag. Per interview with a cook on 2/9/2026 at approximately 11:30 AM, he confirmed that the bag of cheese he was going to use in his preparation of lunch, had a discard by date of 2/4/26.	F0812		
F0880 SS = F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and	F0880	F0880 1. No residents were negatively affected by the alleged deficient practice. 2. Residents residing in the facility have the potential to be negatively affected by the alleged deficient practice. 3. Education was provided to staff responsible for laundry in the facility related to the policy for laundering. 4. Audits will be conducted daily x4 weeks and then weekly x2 months to monitor effectiveness of the plan. 5. Results of the audit will be reported to the QAA committee x3 months, at which time the committee will determine further need for audits. 6. Corrective action date is 3/28/2026 **Tag F 880 POC accepted on 3/5/26 by W. White/S. Stem**	

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F0880 SS = F	Continued from page 2 following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.	F0880		

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F0880 SS = F	Continued from page 3 This REQUIREMENT is NOT MET as evidenced by: Based on interview and policy review, the facility failed to prevent contamination of laundry by leaving wet clean laundry in the washing machine overnight. This has the potential to affect all residents in the facility. Findings include: Per interview on 2/11/2026 at 9:25 AM, while observing the laundry room a member of the laundry staff stated that the night shift person "usually" places laundry in the washing machine when they leave at 8:00 PM and that the morning shift places the wet laundry in the dryer upon arrival at 5:30-6:00 AM the following day. Per interview on 2/11/2026 at 9:32 AM, a second laundry staff member confirmed that wet clean laundry is left in the washing machine overnight on a regular basis. Per interview on 2/11/2026 at 10:20 AM, the Infection Preventionist confirmed that wet laundry should not be left in the washer overnight. Per policy review, "Do not leave damp linen in washing machines overnight" is written into facility's "Laundry and Linen" policy [last revised October 2022]. Leaving wet clean laundry in the washing machine overnight can lead to the growth of mildew (a fungus that grows in warm, damp environments). Some symptoms that exposure to mildew can cause are wheezing, coughing, skin rash, itchy eyes, and runny nose. People with asthma, respiratory illness, immune disorders as well as the elderly are at an increased risk. work cited: Cleveland Clinic https://health.clevelandclinic.org/mold-what-you-need-to-know-to-cut-your-risk Updated May 26, 2025, Retrieved February 20, 2026 Guidelines for Environmental Infection Control in Health-Care Facilities (2003), G.II. Laundry Facilities and Equipment Part II. Recommendations for Environmental Infection Control in Health-Care Facilities | Infection Control | CDC	F0880		

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F0880 SS = F	Continued from page 4 Last updated January 11, 2024, Retrieved February 20, 2026	F0880		