VERMONT

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

March 16, 2026

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 recertification survey conducted on **February 25, 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, 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 02/25/2026

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
E0000	Initial Comments The Division of Licensing and Protection conducted an emergency preparedness review on 2/25/26 during the re-certification survey to determine compliance with 42 CFR Part 483.73 Emergency Preparedness requirements for Long Term Care Facilities. As a result of this review, the Facility was determined to be in substantial compliance with these requirements.	E0000		
F0000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite recertification survey from 2/23/26 through 2/25/26 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory deficiency was identified:	F0000		
F0880 SS = E	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 following accepted national standards;	F0880	St. Albans Health & Rehabilitation Center provides this plan of correction without admitting or denying the validity or existence of the alleged deficiency. The plan of correction is prepared and executed solely because it is required by federal and state law. There were no untoward effects to resident #1 and resident #6 related to the alleged deficient practice of infection control. All residents have the potential to be affected by this alleged deficient practice. Nurses will be educated on the center's policies for Hand Hygiene(IC203), Wound Dressing Procedure, Medication Administration, and and Disposal of Medication Waste.	

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 LNHA	(X6) DATE 3.13.2026

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F0880 SS = E	Continued from page 1 §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. This REQUIREMENT is NOT MET as evidenced by:	F0880	Audits will be conducted by the Director of Nursing, and or her designee until substantial compliance has been achieved to assure that infection control practices related to hand hygiene, glove use, and medication disposal is implemented weekly x 4 and then monthly x 3. Results of the audits will be reviewed during QAPI For further evaluation and recommendations. Date of Compliance: April 8, 2026 **Tag F 880 POC accepted on 3/16/26 by D. Hoffman/S. Stem**	

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F0880 SS = E	Continued from page 2 Based on observation, interview, and record review, the facility failed to ensure infection control practices related to hand hygiene, glove use, and medication disposal were implemented during medication administration and wound care for two sampled residents (Resident #1 and Resident #6); and during the handling of a biohazard container on 1 applicable medication cart. This is a repeat deficiency for this facility with the violation cited during the previous re-certification survey dated 1/28/25. Findings include: 1.Per review of the facility's "Medication Administration Policy" there are no directions related to hand hygiene. Per review of the facility's "IC203 Hand Hygiene" policy [last revised 5/1/25] it states, "1. Perform hand hygiene: 1.1 Before patient/resident (hereinafter "patient") care; 1.4 After patient care." Per observation of medication administration on 2/24/2026 at 8:48 AM LPN #1 did not wash her hands prior to administration of medication for Resident #1. Resident #1 had an order for Sevelamer Carbonate Oral Tablet (a medication used to treat high levels of phosphorous in the blood) 800 mg [milligrams]: Give 1 tablet by mouth with meals for phosphate absorption. LPN#1 was observed dropping the pill on the medication cart. She disposed of the medication into the garbage. She popped a second Sevelamer and put it in her hand prior to putting it into the medicine cup. Per review of the facility's "Disposal of Medication" policy [last revised 1/24] it states, "3. Method of disposition of pharmaceutical hazardous and non-hazardous waste are consistent with applicable state and federal requirements, local ordinances, and standards if practice. The nursing care center will use an approved vendor for pharmaceutical waste disposal needs." An interview was conducted with LPN #1 on 2/24/26 at 9:20 AM. LPN#1 confirmed she did not wash her hands prior to medication administration. She also confirmed that she dropped a pill on the medication cart, threw it out in the garbage and then popped another pill and put it in her hands prior to putting it in the medication cup. She confirmed she used her hand to pick up a Sevelamer tablet that fell on the medication cart. On 2/25/26 at 11:08 AM the Infection Preventionist confirmed medication administration does not contain any information on hand hygiene stating, "Hand hygiene is a given." At 2/25/2026 at 11:15 AM the Infection Preventionist confirmed that LPN#1 should have disposed	F0880		

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F0880 SS = E	Continued from page 3 of the medication in an approved vendor for pharmaceutical waste disposal and not in the garbage. 2. Per observation of a wound dressing change for Resident #6 on 2/25/26 at approximately 9:35 AM, the Unit Manager did not utilize hand hygiene prior to entering room. During the dressing change, the Unit Manager changed her gloves several times between cleaning and dressing the wound. She did not utilize hand hygiene between glove changes. Per review of the facility's "Procedure: Wound Dressings: Aseptic" policy [last revised 2/24/25] it states, "10. Perform hand hygiene 11. Apply Gloves and other PPE [Personal Protective Equipment] as indicated…14. Discard soiled dressing in the appropriate receptacle. 15. Remove and discard gloves 16. Perform hand hygiene…22. Inspect the wound for tissue type, color, odor, and drainage…24. Remove gloves and perform hand hygiene…28. Apply and secure clean dressing. 29. Remove gloves and discard in the appropriate receptacle. 30. Apply prepared label. 31. Perform hand hygiene." An interview was conducted with the Unit Manager at 9:46 AM She confirmed that she did not utilize hand hygiene between glove changing or utilize hand hygiene prior to going in the room and should have. 3. Per observation on the Center East unit on 2/25/26 at 8:38 AM, LNA #1 was seen changing a sharps container (a special puncture-proof container used for the safe disposal of needles, syringes, and other sharp medical items) on the medication cart without wearing gloves. At 8:38 AM on 2/25/26, LNA#1 was asked about changing the container. She replied, "Thank you for the reminder. I should be wearing gloves."	F0880		