



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

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AGENCY OF HUMAN SERVICES

March 17, 2026

Mr. Shawn Hallisey, Administrator
St. Johnsbury Health & Rehab
1248 Hospital Drive
Saint Johnsbury, VT 05819

Provider ID #: 475019

Dear Mr. Hallisey:

The Division of Licensing and Protection completed a Life Safety Code survey at your facility on **March 10, 2026**. The purpose of the survey was to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare and Medicaid programs. This survey found that your facility was in substantial compliance with the participation requirements. However, there is one deficiency that does not require a plan of correction but does require a commitment to correct. All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations. Please **sign the enclosed CMS-2567 and return** the original to this office by **March 27, 2026**.

Informal Dispute Resolution (IDR) Opportunity

In accordance with 42 CFR §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, including an explanation of why you are disputing those deficiencies, to Pamela Cota, RN, at the Division of Licensing and Protection. Contact information is listed below. Please include if you would prefer a virtual meeting or prefer to submit information in writing for review. This request must be sent during the same ten days you have for submitting your plan of correction. You must still submit a plan of correction for all deficiencies, including those you are disputing, by the due date. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action. Please note that the following are not allowable disputes in the IDR process: scope and severity of deficiencies, unless they are immediate jeopardy level or constitute substandard quality of care; remedies imposed by CMS; survey process or inconsistency issues; or concerns about the IDR process.

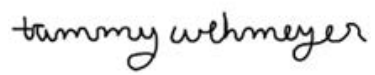
A facility cannot use the IDR process to claim past noncompliance.

Email (preferred): Pamela.Cota@vermont.gov

Mailing address: Division of Licensing and Protection, attn Pamela Cota
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060

Phone: (802) 241-0480

Sincerely,

A handwritten signature in black ink that reads "tammy wehmeyer". The signature is written in a cursive, lowercase style.

Tammy Wehmeyer
Administrative Services Manager

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475019		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - 01 BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/10/2026	
NAME OF PROVIDER OR SUPPLIER St. Johnsbury Health & Rehab				STREET ADDRESS, CITY, STATE, ZIP CODE 1248 Hospital Drive , Saint Johnsbury, Vermont, 05819			
(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	
K0000	INITIAL COMMENTS The Division of Fire Safety completed an unannounced onsite Life Safety Code inspection on 3/10/2026. Entry and exit interviews were conducted with the Maintenance Supervisor and the Maintenance Technician. While the facility was found to be in substantial compliance with applicable Life Safety Code Requirements, the following issues were identified that require a commitment to correct by the facility.	K0000					
K0363 SS = A	Corridor - Doors CFR(s): NFPA 101	K0363					
Bldg. 01	Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.						

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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K0363 SS = A Bldg. 01	Continued from page 1 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This STANDARD is NOT MET as evidenced by:	K0363					
	Per observation on 3/10/2026, accompanied by the Maintenance Supervisor and the Maintenance Technician, the facility failed to ensure that all doors fit the jambs properly as required by regulation. Findings include the following:						
	1) Inspection of the corridor door A1 dragged and didn't close. 2) Inspection of the door B23 had a gap larger than 1/4 inch that would allow smoke to pass into the corridor.						