VERMONT

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

April 30, 2026

Ms. Kelly Scanlon, Administrator
Springfield Health & Rehab
105 Chester Road
Springfield, VT 05156

Provider ID #: 475025

Dear Ms. Scanlon:

Enclosed is a copy of your acceptable plans of correction for the recertification survey conducted on **April 1, 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: 475025	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Springfield Health & Rehab	105 Chester Road , Springfield,Vermont, 05156

(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 4/1/2026 during the annual recertification survey. There were no regulatory violations identified related to emergency preparedness.	E0000	Springfield Center for Living and Rehabilitation provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. The plan of correction is prepared and executed solely because it is required by federal and state law.	
F0000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite recertification survey and investigation of four facility reported incidents, including reports #2969741, #2968208, #279207, and #2792362, from 3/29/2026 through 4/1/2026 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. Deficiencies were cited as a result of this survey.	F0000		
F0584 SS = E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.	F0584	The facility immediately fixed the following: A. Room 211, 214, 217 and 219 have been cleaned. B. The hallway lights, AC vents, dining room windows and dining room floors have been cleaned. C. Tub repair kit has been ordered. D. Repainted areas of pealing pant on tub room floor. E. Ordered new tables. Repaired tables will replace with new tables once arrived. F. DME has been stored in a new location G. Bagged linen has been removed from the floor. H. Shower chair has been removed and parts have been ordered. 1. Residents residing in the facility that have the potential to be affected by the alleged deficient practice.	

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F0584 SS = E	Continued from page 1 §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is NOT MET as evidenced by: Based on observation and interviews, the facility failed to provide a safe, clean, and homelike environment for the residents who reside on 2 of 2 units. Findings include: During observations of the 2nd floor unit on 3/29/2026 at approximately 4:50 PM, multiple hallway ceiling lights were noted to have dead bugs in them. Visible from the hallway, there were dusty surfaces in resident rooms # 211 and #214 and the floor in room #219 had large pieces of food smeared across it. Per observation on 3/30/2026 at approximately 8:33 AM, the surfaces in the resident rooms #211 and #214 were still dusty, the floor in room #217 was also noted to have dust and debris on the floor, room #219's floor was still dirty with the food from the night before. Cobwebs were noted on the outside of the 2nd floor dining room windows, obscuring the view for residents. Per interview on 3/31/2026 at approximately 2:43 PM, the Unit Manager (UM) confirmed that surfaces in residents' room were dusty. Per interview on 4/1/2026 at approximately 9:33 AM, the Maintenance Director confirmed that there were bugs in the hallway lights on the 2nd floor. He stated that the	F0584	2. The facility reviewed housekeeping staff checklist for common area cleaning including dining room, hallways and shower rooms and education provided to the housekeeping staff. 3. The facility reviewed housekeeping staff checklist for resident room cleaning and education provided to the housekeeping staff. 4. The Administrator, DON, Maintenance and/or designees will do weekly environmental rounds four (4) weeks, then monthly for two (2) months to monitor effectiveness of the plan. 5. Results of the audits will be reported to the QAA committee x3 months at which time the QAA committee will determine further frequency of the audits. 6. Corrective action will be completed by May 1, 2026. **Tag F0584 POC accepted on 4/30/26 by S. Freeman/S. Stem**	

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F0584 SS = E	Continued from page 2 lights do get cleaned on a schedule but this time of year there tends to be more. On 4/1/2026 at approximately 9:41 AM during an interview in the 2nd floor shower room with a Licensed Nursing Assistant (LNA) s/he stated that the shower room is cold looking making it not as "homey" for the residents. The LNA was asked about the broken shower chair and s/he stated that it had been like this for a while. The LNA stated that s/he did not know if maintenance was aware of it. The shower room was cluttered with shower chairs, a commode, and mechanical lift, and the floors were observed to have large areas of peeling paint/sealant. The linen closet, located in the shower room, had clean blankets in multiple bags that were being stored on the floor. Per observation on 4/1/2026 at approximately 10:00 AM, the tables in the 1st floor dining room had missing laminate around the sides of the tables and the floors were audibly sticky when walked on. An air conditioner vent with dust in the vents was observed to be blowing right above a dining table where residents eat. Per observation on 4/1/2026 at approximately 10:08 AM, the 1st floor shower room was observed to be cluttered with extra chairs and other durable medical equipment (DME). There were also clean blankets in bags in this linen closet on the floor. The bathtub was noted to have a cracked area in it. Per interview on 4/1/2026 at approximately 10:13 AM, an LNA on the 1st floor reported that the bathroom normally does have all the DME in it when caring for residents making it lack a homelike atmosphere. During an environmental tour on 4/1/2026 at approximately 11:42 AM, with the Maintenance Director, Regional Director of Nursing, Licensed Nursing Home Administrator, and Regional Director of Quality and Compliance, the above environmental concerns were presented and were confirmed.	F0584		
F0887 SS = E	COVID-19 Immunization CFR(s): 483.80(d)(3)(i)-(vii) §483.80 Infection control §483.80(d)(3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following: (i) When COVID-19 vaccine is available to the facility,	F0887	Resident #9 and resident #53 consents were obtained and uploaded in their medical records. COVID-19 vaccine was offered. Immunization records have been updated. Resident #43 informed consent was obtained and uploaded in their medical records.	

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F0887 SS = E	Continued from page 3 each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized; (ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine; (iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine; (iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects, associated with the COVID-19 vaccine, before requesting consent for administration of any additional doses. (v) The resident or resident representative, has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision; and (vi) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and (B) Each dose of COVID-19 vaccine administered to the resident, or (C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal. (vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following: (A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine; (B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and (C) The COVID-19 vaccine status of staff and related information as Indicated by the Centers for Disease	F0887	1. Residents residing in the facility have the potential to be affected by the alleged deficient practice. 2. The facility did a house wide audit on COVID-19 immunization to include both staff and residents and new consents forms were obtained for all residents. 3. The facility's " Coronavirus, Prevention and Control policy was reviewed and revised as the facility does not offer the vaccine to staff but provide education on the risk vs benefits and where they can obtain. Education has been provided. 4. Education has been provided to staff on the risk vs benefits of the COVID-19 vaccine and where they can obtain one if they wish to do so. 5. A tracking system has been put into place. The DON, or designees will audit weekly four (4) weeks, then monthly for two (2) months to monitor effectiveness of the plan. 6. Results of the audits will be reported to the QAA committee x3 months at which time the QAA committee will determine further frequency of the audits. 7. Corrective action will be completed by May 1, 2026. **Tag F0887 POC accepted on 4/30/26 by S. Freeman/S. Stem**	

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F0887 SS = E	Continued from page 4 Control and Prevention's National Healthcare Safety Network (NHSN). This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to implement their policy related to Covid 19 vaccination and provide evidence that five out of five sampled staff members were offered a Covid 19 vaccination and consent obtained along with three out of five sampled residents (Resident #9, Resident #43, and Resident #53). Per review of the facility policy titled "Coronavirus, Prevention, and Control" dated 3/5/26, it states that all residents and staff members will be educated and offered a Covid 19 vaccine unless contraindicated or full Immunization has been acquired. That both the staff and resident/resident representative will be educated on the benefits and the risks of the vaccination and that a vaccine will not be administered without written informed consent. Per review of the current CDC guidelines for Covid 19 vaccination (Staying Up to Date with COVID-19 Vaccines | Covid | CDC) it states that the effectiveness of previous Covid 19 vaccines decrease overtime and identifies getting updated vaccination as being "especially important" for people aged 65 and up, and those living in a long term care facility. 1.Per record review Resident #9's and Resident #53's immunization records reveal that there is no evidence in the medical records that they were offered a Covid 19 vaccination for 2025. There was no evidence that Resident #9 or Resident #53 had consented or refused the vaccine in their medical record. Resident #43 received a Covid 19 vaccination on 7/23/25 and there was no evidence that the resident or resident representative gave informed consent for this vaccination in their record. Per interview on 4/1/26 at approximately 12:25 PM, the Director of Nursing (DON) confirmed that consent forms should be in the medical record for vaccinations, including Covid 19. The DON was unable to provide evidence that Covid 19 consents (forms indicating if they wished to have the vaccine or not) had been obtained for Resident #9, Resident #53, and Resident #43 for 2025. 2. Per review of employee files, 5 of 5 sampled employees did not have evidence that they were offered	F0887		

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F0887 SS = E	Continued from page 5 the Covid 19 vaccine for the 2025 season. Per interview on 4/1/26 at 1:40 PM with the Director of Nursing and the Infection Preventionist, they confirmed that they were unable to provide evidence that Covid 19 vaccinations had been offered for the five sampled employees.	F0887		