VERMONT

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

June 1, 2026

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

Provider ID #: 475019

Dear Mr. Hallisey:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **May 4, 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: 475019 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 05/04/2026 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **St. Johnsbury Health & Rehab** | **1248 Hospital Drive , Saint Johnsbury, Vermont, 05819** |

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| F0000 | INITIAL COMMENTS<br><br>The Division of Licensing and Protection conducted an unannounced, onsite investigation of three complaints and two facility reported incidents, including reports #2797052, #2797126, #2737609, #2682942 and #2683004, on 5/4/26 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory deficiencies were identified: | F0000 | Saint Johnsbury 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. | |
| F0550<br>SS = D | Resident Rights/Exercise of Rights<br><br>CFR(s): 483.10(a)(1)(2)(b)(1)(2)<br><br>§483.10(a) Resident Rights.<br><br>The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.<br><br>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.<br><br>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.<br><br>§483.10(b) Exercise of Rights.<br><br>The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. | F0550 | 1. Residents residing in the facility have the potential to be affected by the alleged deficient practice.<br><br>2. The facility's " Resident Rights" policy were reviewed and education provided to all staff.<br><br>3. The facility reviewed and provided education on dementia training to include " if resistive/combative with care, stop care and to reapproach at a later time.<br><br>4. The DNS or designee will do observational audits with staff during care of dementia resident to ensure proper approach is being followed for four (4) weeks, then monthly for two (2) months to monitor effectiveness of the plan.<br><br>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.<br><br>6. Corrective action will be completed by 6/13/26. | |

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 |
|---|---|---|
| Shawn T. Hallisey | Administrator | 6/1/26 |

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| F0550 SS = D | Continued from page 1<br>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.<br><br>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on interview and record review, the facility failed to treat a resident in a manner that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's right to make choices, for 1 of 4 sampled residents (Resident #4) with the resident subsequently sustaining injury. Findings include:<br><br>Per record review, Resident #4 has diagnoses that include unspecified dementia with agitation and cognitive communication deficit. Per an MDS (Minimum Data Set, a resident assessment tool) dated 12/9/25, Resident #4 has a BIMS (Brief Interview for Mental Status) score of 3, indicating severe cognitive impairment.<br><br>Per record review, Resident #4 has a care plan focus initiated 5/13/25, which indicates that Resident #4 is resistive to care related to difficulty adjusting to facility, and cognitive loss and dementia, with an intervention to "Allow time for expression of feelings; provide empathy, encouragement, and reassurance," last revised 8/3/25. Resident #4 has a care plan focus last revised on 8/3/25 which states, "[Resident #4] is at risk for distressed/fluctuating mood symptoms related to: history of military experience, change in living environment," with an intervention to "Provide with opportunities for choice during care/activities to provide a sense of control."<br><br>Per record review, a behavior note dated 12/17/25 states the following, "Resident found with feces covering body from head to toe before end of shift. Due to extensive soiling, resident was escorted to shower for hygiene care. Care was provided by nurse and three LNAs due to resident's known aggressive behavior. During care, resident became physically aggressive, including punching, trying to bite and pulling staff members' hair. Resident was physically digging into [his/her] skin and staff skin with [his/her] nails. Staff maintained safety | F0550 | **Tag F0550 POC accepted on 6/1/26 by W. White/S. Stem** | |

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| F0657 SS = D | Care Plan Timing and Revision<br><br>CFR(s): 483.21(b)(2)(i)-(iii)<br><br>§483.21(b) Comprehensive Care Plans<br><br>§483.21(b)(2) A comprehensive care plan must be-<br><br>(i) Developed within 7 days after completion of the comprehensive assessment.<br><br>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--<br><br>(A) The attending physician.<br><br>(B) A registered nurse with responsibility for the resident.<br><br>(C) A nurse aide with responsibility for the resident.<br><br>(D) A member of food and nutrition services staff.<br><br>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.<br><br>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.<br><br>(iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on interview and record review the facility failed to revise and implement a person-centered care plan for 1 of 4 sampled residents (Resident #4). The care plan was not revised and implemented to address Resident 4's physically aggressive behavior. This is a repeat deficiency for this facility, with the violation cited during a previous partial survey dated 7/25/25. Findings include:<br><br>Per record review, Resident #4 has diagnoses that include dementia with agitation and cognitive communication deficit. Per an MDS (Minimum Data Set, a resident assessment tool) dated 12/9/25, Resident #4 has a BIMS (Brief Interview for Mental Status) score of 3, indicating severe cognitive impairment. | F0657 | Residents residing in the facility that require a comprehensive person-centered care plan have the potential to be affected by the alleged deficient practice<br><br>1. Care plans have been reviewed to ensure full care plans are competed and updated known behaviors along with triggers if known and ways to assist with redirection.<br><br>2 .Education provided regarding policy on comprehensive person-centered care plan to all licensed nursing staff, and all departments involved in the development of plan of care for residents regarding policy on comprehensive person-centered care plan, emphasizing on " Care Plan Timing and Revision"<br><br>3. The DNS or designee will audit the 24 hour report daily, review during clinical huddle and clinical meeting for any changes is residents plan of care for four (4) weeks, then monthly for two (2) months to ensure care plan has been updated to reflect current.<br><br>4. 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.<br><br>5. Corrective action will be completed by 6/13/26.<br><br>**Tag F0657 POC accepted on 6/1/26 by W. White/S. Stem** | |

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| F0657 SS = D | Continued from page 4<br>Per record review, a nursing progress note on 11/3/25 noted that the resident displayed increased behavior and agitation. Resident made a fist and threatened to knock a staff member out, then proceeded to push a staff member out of the way. Resident #4 sustained a skin tear during this incident. A subsequent nursing note dated 11/3/25 stated "The EMR call the state police department for rescue Resident was abusive with the entire staff even slap the police Versed (a medication used to induce relaxation or sleep) was administered IM [injected directly into the muscle]. The administered was notified and transport Resident to hospital via stretcher." A nursing progress noted dated 11/5/25 stated, "Resident refused to allow LNA [Licensed Nursing Assistant] to change soiled brief. LNA made several attempts to change resident. Resident became agitated and aggressive and swatted LNA's hand multiple times." A nursing progress note dated 12/2/25 stated, "Resident exhibited visible aggression toward both aides this morning. [s/he] was yelling and slamming doors, demanding that staff leave [his/her] room. The resident refused to take a shower or allow staff to provide hygiene care. Writer attempted to re-approach a few minutes later and received the same aggressive responses. Staff will continue to monitor and attempt care as tolerated." An MDS dated 11/18/25 stated that Resident #4 exhibited "physical behavioral symptoms directed toward others" on 1 to 3 days, The MDS defines such symptoms as "Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)."<br><br>A nursing progress note dated 12/12/25 stated that the resident was verbally and physically aggressive. Per record review, a behavior note dated 12/17/25 states the following, "Resident found with feces covering body from head to toe before end of shift. Due to extensive soiling, resident was escorted to shower for hygiene care. Care was provided by nurse and three LNAs due to resident's known aggressive behavior. During care, resident became physically aggressive, including punching, trying to bite and pulling staff members' hair. Resident was physically digging into [his/her] skin and staff skin with [his/her] nails. Staff maintained safety precautions and continued care as tolerated. Resident remained physically aggressive throughout hygiene care. Care completed with staff assistance. Resident monitored post-care." A progress noted dated 12/18/25 states, "notified by staff that resident had been combative with cares, when going into room for skin check, resident was noted with scattered bruising. Skin tears to right arm and left | F0657 | | |

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| F0657 SS = D | Continued from page 5<br>outer knee."<br><br>A nursing post event skin condition assessment dated 12/18/25 notes new skin alterations identified including, "Left lateral calf skin tear, right and left forearm skin tear, Scattered bruising on upper right arm, side and right lower extremity." Additionally stating, "Recent illness with COVID now recovering from illness, recent falls, combative behavior, weight loss, (labs pending), having an increase in combative behaviors. Resident covered [himself/herself] in [his/her] feces, [s/he] was brought to the shower to receive care in which [s/he] became combative with staff, and was hitting [his/her] arms of [his/her] chair in the shower room. Resident was reported to have bit, scratched [himself/herself] and others in the shower room. MD notified, family notified."<br><br>Per an interview with the DON (Director of Nursing) on 5/4/26 at 12:00 PM, she confirmed that during the incident on 12/17/25, Resident #4 was refusing care, was combative and agitated and that staff continued to bathe the resident.<br><br>Per an interview with LNA #1 on 5/4/26 at 1:35 PM, with regard to the incident on 12/17/25, she stated that she had found the resident covered with BM (bowel movement) and attempted to bathe him/her. When the resident refused, she asked LPN #1 to assist in bathing him/her. When in the shower room, two additional LNAs also assisted LNA #1 and LPN #1 in bathing Resident #4. LNA #1 confirmed that Resident #4 was combative throughout the entire time they were providing care.<br><br>The facility did not revise Resident #4's care plan with interventions to address a pattern of physically aggressive behavior until 12/18/26, over 6 weeks after an increase in physical behaviors. | F0657 | | |