VERMONT

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

[phone] 802-241-0344
[fax] 802-241-0343

AGENCY OF HUMAN SERVICES

October 13, 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 complaint investigation conducted on **September 23, 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 09/23/2026

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
F0000	INITIAL COMMENTS The Division of Licensing and Protection conducted an unannounced, onsite investigation of one complaint and one FRI [Facility Reported Incident], including reports #3188490 and #3181450 on 9/23/26 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory deficiency was 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: Based on observation, interview, and record review, the facility failed to store food in accordance with professional standards for food service safety; and failed to maintain a sanitary kitchen. This is a repeat deficiency for this facility, with violations cited during the previous two re-certification surveys,	F0812	F812 1. No residents were negatively affected related to the alleged deficient practice. 2. Residents residing in the facility have the potential to be affected by the alleged deficient practice. 3. The Certified Dietary Manager for the organization in conjunction with the Dietary Manager will provide education to all dietary staff to ensure they understand the requirements for food storage and cleanliness of the kitchen. 4. The Dietary Manager will perform audits daily for a period of not less than 3 months and report the findings of the audits to the Administrator and Certified Dietary Manager 3x weekly.	

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
	Administrator	10/13/26.

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 09/23/2026

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
F0812 SS = F	Continued from page 1 dated 2/26/25 and 2/11/26. Findings include: Per observation of the kitchen on 9/23/26 at 9:45 AM the inside of the microwave was sticky and there was a white, gelatinous substance approximately half an inch in diameter stuck to the plate inside the microwave. The outside of the microwave had smears of grease on the front panel. There were food crumbs underneath the microwave. Per observation of the kitchen on 9/23/26 at approximately 9:45 AM there was a pack of English muffins open with several English muffins missing from the packet sitting on the counter with no date or label on the packaging. An interview was conducted with the Dietary Manager on 9/23/26 at approximately 9:47 AM. She confirmed that the microwave had an unknown substance on the plate of the microwave. She also confirmed that there was an open box of English muffins on the counter with no date or label stating, "It's a residents' [food item]"and confirmed the pack of English muffins should be dated and labeled. Review of the facility's "Food Receiving and Storage" policy [last revised November 2022] indicated, "4. Dry foods that are stored in bins are removed from original packaging, labeled and dated ("use by "date) ...2. All food belonging to residents are labeled with the resident's name, the item and the "use by" date."	F0812	5. The Certified Dietary Manager will perform Audits 2x weekly and report findings of those audits to the Administrator. 6. The Administrator will perform audits weekly at minimum to ensure effectiveness of the plan and consistent compliance. 7. The results of the audits listed above will be reported to the QAA committee x3 months and the committee will determine if further action is needed at that time. 8. Corrective action will be completed by 10/28/2026. **Tag F0812 POC accepted on 10/13/26 by C. Howard/S. Stem**	