VERMONT

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

August 4, 2026

Ms. April Furlow, Administrator
Premier Rehab and Healthcare at Burlington
300 Pearl Street
Burlington, VT 05401

Provider ID #: 475014

Dear Ms. Furlow:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **July 8, 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: 475014	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier Rehab and Healthcare at Burlington	300 Pearl Street , Burlington, Vermont, 05401

(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 1 complaint and 1 facility reported incident (FRI), including reports #3054709 and #3031911 on 7/8/26 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory deficiency was identified:	F0000		
F0558 SS = D	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review the facility failed to ensure that the call light was within reach and secured for 1 (Resident #2) of 3 sampled residents while in bed. Findings include: Per record review Resident #2 has a diagnosis history of hemiplegia (A paralysis or severe weakness affecting one side of the body, usually caused by brain or spinal cord damage.) and hemiparesis (A partial weakness or reduced strength on one side of the body.) following cerebral infarction affecting right dominant side. Morbid (severe) obesity due to excess calories, Contracture (A condition of shortening and hardening of muscles, tendons, or other tissue, often leading to restricted joint mobility.) of right hand, and muscle weakness. It also states in the resident's care plan that they are at risk for decreased ability to perform activities of daily living in bathing, grooming, personal hygiene, dressing, eating, bed mobility, transfer, locomotion, toileting related to limited mobility. Per interview and observation on 7/8/26 at approximately 12:15 PM, Resident #2's call bell was	F0558	**What corrective action will be accomplished for those residents found to have been affected by the deficient practice;** Resident # 2 has a call light that is in reach and is secured with a clip. **How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;** A facility wide audit was performed on all current residents' call bells; validating that each call bell has a clip, is secured and within reach. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;** The DNS or designee provided education to nursing staff regarding call bells to include that all residents should have a call bell with a clip; that can be secured to the resident or linen and that it should be in reach when the resident is in their room.	

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
April Lindau, NHA	NHA	07/28/26

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475014	A. BUILDING B. WING	07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F0558 SS = D	Continued from page 1 well out of their reach hanging on the side of the bed. Resident #2 reported that they can't reach to call bell during most of the day shift. Resident #1 (Resident #2's roommate) rang their call bell to alert the staff that Resident #2 needed incontinence care. During this interview, a Licensed Nursing Assistant (LNA) came in to help Resident #2. Per interview on 7/8/26 at approximately 12:30 PM, Resident #2 verbalized that the LNA that came in during the interview changed their briefs and shirt but has since then had another accident and does not have the call bell close by to get help. The call bell was observed to be tucked in on the side of the bed rails, out of their reach. Per observation on 7/8/26 at approximately 1:49 PM, Resident #2's call bell was tucked in on the side of the bed rail again, out of their reach for the 3rd time in three hours. Per interview with Registered Nurse when showed this, he stated that the call bell was tucked in a way that was out of reach for the resident and could not have just fallen there on its own. The nurse confirmed that the call bell was out of the residents reach and should be clipped to the residents' sheet where they can reach it. Per interview with the Director of Nursing on 7/8/26 at approximately 3:15 PM, she confirmed that the call bells should be within the residents reach if they need help and not on the floor or behind the bed rails. Per Call Lights Accessibility and Timely Response Policy Revised 5/2026 "Policy Explanation and Compliance Guidelines: 1. All staff will be educated on the proper use of the resident call system, including how the system works and ensuring resident access to the call light…5. Staff will ensure the call light is within reach of resident and secured, as needed. 6. The call system will be accessible to residents while in their bed or other sleeping accommodations within the resident's room."	F0558	**How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.** The DNS is responsible for this process. The DNS or designee will perform audits 3 times per week validating that each call bell has a clip, is secured and within reach. The results of the call bell audits will be brought to the QAPI committee for a minimum of 3 months or until substantial compliance is achieved. **Corrective action completion date, 7/15/2026.** **Tag F0558 POC accepted on 8/4/26 by M. Jean/S. Stem**	