VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
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AGENCY OF HUMAN SERVICES

November 2, 2026

Ms. Jennifer Combs-Wilber, Administrator
Premier Rehab and Healthcare at Berlin
98 Hospitality Drive
Barre, VT 05641

Provider ID #: 475020

Dear Ms. Combs-Wilber:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **September 28, 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: 475020	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier Rehab and Healthcare at Berlin	**98 Hospitality Drive , Barre, Vermont, 05641**

(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, including report #3097263 on 9/28/26 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory deficiency was identified:	F0000	**Preparation and submission of this Plan of Correction do not constitute an admission or agreement by the facility that the alleged deficiencies exist, nor an admission of fault by the facility, its employees, or agents. This Plan of Correction is submitted as the facility's credible allegation of compliance.**	
F0558 SS = E	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 residents' accommodation of needs were met for 4 out of 5 residents (Residents #1, #2, #3, and #4) by failing to ensure that call lights were within reach and secured. Findings include: 1.) Per record review of residents care plan which was last reviewed on 9/21/26, it specifies that Resident #2 should have their meals set up. The resident has an activity of daily living self care and mobility performance deficit related to activity intolerance. Interventions include that with eating the resident requires set up. Resident #2 is also care planned to have their call bells within reach due to the resident being at risk for falls and injury related to decreased stretch and weakness impacting balance, incontinence of bladder, and multiple comorbidities. Per observation on 9/28/26 at approximately 12:30 PM, Resident #2 was observed trying to eat his/her lunch laying down. The resident was unable to get food onto his/her fork well because of the positioning of the bed and he/she tried to drink their beverage in a recumbent position, and it dribbled down the sides of his/her mouth. When asked where	F0558	**Corrective Action for Residents Identified** · Resident #1, 2 ,3 and 4 have a call light that are secured, within reach and functioning properly. **Identification of Other Residents Potentially Affected** A facility wide audit was performed on all current residents call bells validating that each call bell has is secured, within reach and functioning properly. **Measures to Prevent Recurrence** The DNS or designee provided education to nursing staff regarding call bells to include that all residents should have their call bells secure and in reach when they are in their room. **Monitoring for Sustained Compliance** The DNS is responsible for this process. The DNS or designee will perform audits 3 times a week validating that each call bell 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 **Completion Date:** 10/9/2026 **Tag F0558 POC accepted on 11/2/26 by M. Jean/S. Stem**	

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
Jennifer Combs-Wilber	LNHA	10/14/2026

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F0558 SS = E	Continued from page 1 his/her call bell was he/she verbalized that it did not work. He/She verbalized that he/she has been trying to get someone to help him/her with sitting up to eat but the call bell was not working. He/She demonstrated how it was not working; the light did not turn on in the hallway. Also he/she did not have his/her bed remote available. Per observation and interview on 9/28/26 at 12:33 PM, LPN #1 entered Resident #2's room to assist their roommate (Resident #1). LPN #1 verbalized that Resident #2's call bell should be working and pulled it at which time it did not work. When asked if the residents should have their call bells within reach, she verbalized that yes, and the call bell should also be clipped to keep it in place which the resident did not have. Per interview on 9/28/26 at 3:35 PM, Resident #2 verbalized that sometimes staff don't set up his/her trays did not feel very safe eating in the laying down position but was unable to contact for help since his/her call bell was not working when he/she tried to use it. 2.) Per record review of the residents care plan last review on 9/25/26, Residents #1 is care planned to have their call bells within reach due to being at risk for falls and injury related to dementia, delirium, paranoia, and pain. Per progress notes Resident #1 has had multiple falls in the month of September, and their care plan specifies to remind him/her to use their call bell. Progress note dated on 9/5/26 specifies that Resident #1 had 2 falls in the course of 5 hours. Progress note dated 9/21/26 specified that the resident fell on 9/19/26 and every shift for 3 days. Per observation and interview on 9/28/26 at approximately 12:30 PM, Resident #1 verbalized that he/she only has a call bell in the bathroom and when he/she uses it they don't come so he/she has to ambulate back to his/her bed themself. Resident #1's call bell was not observed to be anywhere near him/her while he/she was in bed or that he/she had one at all. Per interview on 9/28/26 at 12:33 PM, LPN #1 was asked where Resident #1's call ball was, she verbalized that she did not know and proceeded to look for it. She found it on the other side of Resident #2's bed on the floor. When asked if the residents should have their call bells within reach, she verbalized that yes and they should also be clipped to keep it in place which the resident did not have.	F0558		

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F0558 SS = E	Continued from page 2 3.) Per record review or residents care plan, Resident #3 is care planned to have their call bells within reach due to being dependent or needing maximum assistance with activities of daily living. Per observation on 9/28/26 at 12:36 PM, Resident #3 was in their room eating alone with no call bell available to him/her because it was on the floor and not clipped to his/her bed sheets or person. Per interview on 9/28/26 at 12:43 PM, LPN #2 was asked if Resident #3 should have a call bell within reach and she verbalized that all residents should have their call bells within reach. 4.) Per record review of Resident #4's care plan and MDS, Resident #4 is care planned to have their call bells within reach due to needing maximum assistance with activities of daily living. Per interview on 9/28/26 at 12:45 PM, Resident #4 verbalized that he/she didn't know that he/she had a call bell in place and usually called out for help when someone walks by. Per interview on 9/28/26 at 3:10 PM, the Director of Nursing and Administrator verbalized that all residents should have their call bells and bed remote within reach. Per interviews on 9/28/26 between 3:39PM-3:45PM, with staff from all units and what it meant to set up a resident for a meal. All staff answered that the residents are to be sitting up for their meals to prevent choking. Per facility policy titled "Call Lights Accessibility and Timely Response Policy," revised 7/2026, "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." Per facility policy titled "Safe and Homelike Environment Policy," revised 7/2026, "In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment…This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility, both inside and outside, maximizes	F0558		

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F0558 SS = E	Continued from page 3 resident independence and does not pose a safety risk." Per facility policy titled "Accidents and Supervision Policy," revised 7/2026, "Each resident will receive adequate supervision and assistive devices to prevent accidents. This includes:…3. Implementing interventions to reduce hazard(s) and risk(s)	F0558		