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

December 30, 2025

Ms. Sabrina Neal, Administrator
Elderwood at Burlington
98 Starr Farm Rd.
Burlington, VT 05408

Provider ID #: 475030

Dear Ms. Neal:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **December 10, 2025.** 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: 475030	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elderwood at Burlington	**98 Starr Farm Rd. , Burlington, Vermont, 05408**

(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 #2634332, on 12/10/25 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following regulatory deficiency was identified:	F0000	Elderwood at Burlington Plan of Correction for complaint survey from 12/10/25. The facility wishes to have this plan of correction stand as its written plan of compliance. Our date of compliance is 1/9/26. Preparation and/or execution of this does not constitute an admission or agreement with the existence of or scope and severity of the cited deficiencies. This plan is prepared and/or executed to ensure compliance with regulatory requirements.	
F0628 SS = C	Discharge Process CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2) §483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider. (iii) Information provided to the receiving provider must include a minimum of the following: (A) Contact information of the practitioner responsible for the care of the resident. (B) Resident representative information including contact information (C) Advance Directive information (D) All special instructions or precautions for ongoing care, as appropriate. (E) Comprehensive care plan goals; (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.	F0628	CFR(s): 483.15(c)(2)(iii)(3)-(6)(8)(d)(1)(2); 483.21(c)(2) 1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice; A written notice of the transfer that occurred on 10/3/25 for resident #1 was mailed to resident #1's representative on 12/29/25. Transfer records were sent to the Long-Term Care ombudsman for resident #1 transfer on 10/3/25, resident #2 transfer on 11/11/25 and resident #3 transfer on 12/3/25.	

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
Pamela Rafferty	Acting Administrator	12/29/25

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F0628 SS = C	Continued from page 1 §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:	F0628	2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; All residents have the potential to be affected. An audit of all transfer/discharges for the last 90 days was completed on 12/22/25. 3. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; Residents and/or resident representatives found to be affected will receive notification of the transfer/discharge and all notifications will be sent to the Long-Term care ombudsman. Education will be provided to Social Services and Nursing staff on the Discharge Planning, Death and Notice of Discharge / Transfer Policy, how to complete the transfer/discharge form and requirement to ensure resident and representative and Long-term care ombudsman are notified. 4. 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. Audits of all transfer/discharges will be completed weekly x4 weeks then monthly x3 months and findings will be shared with the Quality Assurance Committee. 5. The dates the corrective actions will be completed: Corrective action will be completed by 1/9/26, the Director of Social Services will be responsible for this corrective action. **Tag F628 POC accepted on 12/30/25 by C. Howard/S. Stem**	

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F0628 SS = C	Continued from page 2 (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the	F0628		

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F0628 SS = C	Continued from page 3 resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.	F0628		

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F0628 SS = C	Continued from page 4 (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). This REQUIREMENT is NOT MET as evidenced by: Based on interview and record review, the facility failed to send written documentation to resident and resident representative about transfers to outside facilities for one of three sampled residents (Resident #1). The facility also failed to send transfer records to the Long-Term Care Ombudsman for three of three sampled residents (Residents #1, #2, and #3). Findings include: Per record review, Resident #1 was transferred to an outside facility on 10/3/25 for geriatric psychiatric care. Resident #2 was transferred to the hospital on 11/11/25. Resident #3 was transferred to the hospital on 12/3/25. Per record review of the transfer notices for Resident #1, #2, and #3, the bottom of the document states, “Copy sent to Office of the State Long-Term Care Ombudsman on …” This left blank for all three notices of transfer forms. There was no record of any information being sent to the residents’ representatives. Per review of the facility’s “Discharge Planning, Death and Notice of Discharge/Transfer” policy [last revised 7/6/23] states, “Following notification of an emergency discharge or planned transfer/discharge, the Director of Social Services/designee sends to the responsible party the notice of transfer form documenting the reason for transfer/discharge. A copy is kept on file in the social services department… the facility will send a copy of the notice to a representative of the office of the state long term care ombudsman with every transfer or discharge.” An interview was conducted with the Long-Term Care Ombudsman on 12/10/25 at 11:00 AM. The ombudsman confirmed that he was not sent any transfer notices for Residents#1, #2, or #3. An interview was conducted with the DON (Director of Nursing) on 12/10/25 at 11:27 AM. She confirmed Resident #1’s Representative was not sent any transfer information in writing. At 12:20 PM, the DON confirmed written notice of transfers were not sent to the family representative for Resident #2 and #3. She confirmed notices of transfers were not sent in writing to the	F0628		

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F0628 SS = C	Continued from page 5 Long-Term Care Ombudsman stating, “This is a process we still need to work on.”	F0628		