VERMONT

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

December 19, 2025

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 **December 12, 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, BS
Assistant Division Director
State Survey Agency Director

Enclosure

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

| 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 12/12/2025 |
|---|---|---|---|

| 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 |
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| F0000 | INITIAL COMMENTS<br><br>The Division of Licensing and Protection conducted an unannounced, onsite investigation of two complaints and one facility reported incident, including reports # 2606793, 2582895, and 154110, on 9/23/25 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. The following deficiency was identified as a result of the investigation: | F0000 | | |
| F0655<br>SS = D | Baseline Care Plan<br><br>CFR(s): 483.21(a)(1)-(3)<br><br>§483.21 Comprehensive Person-Centered Care Planning<br><br>§483.21(a) Baseline Care Plans<br><br>§483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must-<br><br>(i) Be developed within 48 hours of a resident's admission.<br><br>(ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to-<br><br>(A) Initial goals based on admission orders.<br><br>(B) Physician orders.<br><br>(C) Dietary orders.<br><br>(D) Therapy services.<br><br>(E) Social services.<br><br>(F) PASARR recommendation, if applicable.<br><br>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the | F0655 | F655- D Baseline Care Plan<br><br>**What corrective action will be accomplished for those residents found to have been affected by the deficient practice**<br><br>• Resident # 2 has a communication care plan that has been created and implemented. Resident #1 was discharged on 09/11/2025<br><br>**How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken**<br><br>• A FWA was performed on current residents validating that a baseline care plan was created and implemented related to communication for residents assessed to have communication barriers within 48 hours from admission. | |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| April Fullerton, NHA | Administrator | 12/19/2025 |

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| F0655 SS = D | Continued from page 1<br>comprehensive care plan-<br><br>(i) Is developed within 48 hours of the resident's admission.<br><br>(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).<br><br>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:<br><br>(i) The initial goals of the resident.<br><br>(ii) A summary of the resident's medications and dietary instructions.<br><br>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.<br><br>(iv) Any updated information based on the details of the comprehensive care plan, as necessary.<br><br>This REQUIREMENT is NOT MET as evidenced by:<br><br>Based on interview and record review, the facility failed to create and implement a baseline care plan for 2 of 3 sampled residents related to communication (Residents #1 and #2). Findings include:<br><br>1. Per record review, Resident #1 was admitted to the facility on 8/26/25. Per his/her MDS dated 8/30/25, his/her preferred language is not English, and s/he needs an interpreter to communicate with doctors and health care staff.<br><br>Per phone interview on 9/23/25 at 2:05 PM, Resident #1's Representative explained that the facility was unable to get Resident # an interpreter so the facility made a communication board in English, which s/he could not understand. As a result, staff were not able to meet his/her needs. Once the staff gave Resident # pain medication when s/he was trying to let staff know s/he was cold.<br><br>Per record review, Resident #1 did not have a baseline care plan for communication or interventions for interpreter services within 48 hours of admission. A care plan was created on 9/6/25, with a focus that Resident #1 "has impaired communication r/t [related to] ... speaks a language that the facility staff do not | F0655 | The Staff Development Coordinator or Designee will provide education to licensed nurses on the policy, baseline care plan specifically, creating and implementing a communication care plan for residents that have been assessed to have a communication barrier within 48 hours of admission.<br><br>**What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur**<br><br>The Director of Nursing or designee will perform weekly audits of new admissions validating that a baseline care plan was created and implemented for communication on residents determined to have a communication barrier within 48 hours of admission.<br><br>**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**<br><br>• The DNS is responsible for overseeing this process. The results of this audit will be brought to the QAPI committee for further review and recommendation to ensure substantial compliance has been achieved for 3 months.<br><br>**Date corrective action will be completed.**<br><br>01/02/2026<br><br>**Tag F 655 POC accepted on 12/19/25 by S. Stem** | |

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| F0655 SS = D | Continued from page 2<br>speak...," 10 days after admission. There are no interventions for interpreter services.<br><br>Per interview on 9/23/25 at 2:20 PM with a Licensed Nurse that worked with Resident #1, she explained that she was never able to directly communicate with the resident interpreter services in his/her language were not available.<br><br>2. Per record review, Resident #2 was admitted to the facility on 2/17/25. Per his/her MDS dated 2/21/25, his/her preferred language is not English, and s/he needs an interpreter to communicate with doctors and health care staff. Per record review, Resident #2 did not have a baseline care plan for communication or interventions for interpreter services within 48 hours of admission. As of 9/23/25, Resident #2 did not have a care plan related to communication or interventions for interpreter services.<br><br>Per interview on 9/23/25 at approximately 4:00 PM, with the Administrator and Director of Nursing, they confirmed that residents should have a baseline care plan in place to meet their communication needs and were unable to provide evidence that Resident #1 or Resident #2 did. | F0655 | | |