VERMONT

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

February 23, 2026

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 **February 4, 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

Pamela M. Cota, RN, BS
Assistant Division Director
State Survey Agency Director

Vermont State Department of Health

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 02/04/2026

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
S0000	Initial comments On 2/4/26, the Division of Licensing and Protection conducted an unannounced on-site investigation of two complaints (intakes #2728265 & 2727027). The following state regulatory deficiency was identified: REPORTS TO LICENSING AGENCY CFR(s): 2.9 (a - d) The following reports must be filed with the licensing agency: 2.9 (a) At any time a fire occurs in the facility, regardless of the size or damage, the licensing agency and the Department of Labor and Industry must be notified by the next business day. A written report must be submitted to both departments by the next business day. A copy of the report shall be kept on file in the facility. 2.9 (b) Any untimely death that occurs as a result of an untoward event, such as an accident that results in hospitalization, equipment failure, use of restraint, etc., shall be reported to the licensing agency by the next business day, followed by a written report that details and summarizes the event. 2.9 (c) Any unexplained or unaccounted for absence of a resident for a period of more than 30 minutes shall be reported promptly to the licensing agency. A written report must be submitted by the close of the next business day. 2.9 (d) Any breakdown or cessation to the facility's physical plant that has a potential for harm to the residents, such as a loss of water, power, heat or telephone communications, etc., for four hours or more, shall be reported within 24 hours to the licensing agency. This LICENSURE REQUIREMENT is NOT MET as evidenced by:	S0000	The facility wishes to have this plan of correction stand as its written plan of compliance. Our date of compliance is 2/20/26. 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. Plan of Correction – S208 SS = E REPORTS TO LICENSING AGENCY CFR(s): 2.9 (a - d) What corrective action will be accomplished for those residents found to have been affected by the deficient practice? No residents were negatively affected as a result of the incident, the affected area was continually monitored, staff implemented immediate safety precautions, and all residents remained safe throughout the incident, and no residents experienced injury, neglect, or adverse outcomes due to the event. The incident was reported to the fire marshal on 1/27/26. The facility submitted a retrospective incident report and timeline of events to the Division of Licensing and Protection (DLP) documenting the sprinkler system failure on 2/19/2026. The sprinkler system was inspected and placed back in service on 2/20/26.	
S208 SS = E		S208		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sabrina Neal RN BSN MBA LNHA	Administrator	2/20/2026

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 02/04/2026

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S208 SS = E	Continued from page 1 Based on interview and record review, the facility failed to report any issues with its fire sprinkler system, as required by the state licensing agency. Findings include: In a 2/4/26 interview at 9:10 AM, the Interim Director of Nursing (DON) confirmed a fire sprinkler pipe broke on 1/26/26, leaving the system out of order from 4:19 PM on 1/26/26 to the morning of 1/27/26. She stated that she contacted the Fire Marshal but was unaware that the incident must be reported to the Division of Licensing and Protection, as required by state regulations. A review of the facility's incident summary confirmed that no report of the incident had been made to the State Agency. An interview with the Administrator and DON on 2/4/26 at 4:25 PM confirmed that no incident report regarding the fire sprinkler break was filed with the State Agency.	S208	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. A review of all physical plant and lifesafety incidents from the previous 12 months was conducted to ensure all required incidents were properly reported to DLP. No additional unreported events were identified. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? The Administrator, DON, and Facility Director received reeducation on 2/7/26 regarding State of Vermont reporting requirements that must be made to the licensing agency. 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 Administrator or DON will conduct a weekly audit of all facility incident reports weekly for three months, then monthly for three months or until substantial compliance is obtained. Any missed or delayed reporting identified during audits will be reported immediately to DLP and delayed or missed reporting will result in immediate corrective counseling and retraining. Findings will be reported to the quality assurance committee at the schedules meeting for a minimum of 3 months. The dates corrective action will be completed? This corrective action will be completed by February 20, 2026. The Director of Nursing is responsible for this corrective action. **Tag S208 POC accepted on 2/23/26 by S. Davies/S. Stem**	