



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](http://www.dlp.vermont.gov)

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AGENCY OF *HUMAN SERVICES*

April 17, 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:

The Division of Licensing and Protection conducted an onsite complaint investigation on **April 15, 2026**. The purpose of the investigation was to determine if your facility was in compliance with Federal participation requirements of the Medicare/Medicaid Program. The investigation was completed on **April 15, 2026**, and there were no regulatory violations related to the complaint allegations.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

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

Enclosure

|                                                      |                                                                        |                                                      |                                                 |
|------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>475020</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING | (X3) DATE SURVEY COMPLETED<br><b>04/15/2026</b> |
|------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------|

|                                                                               |                                                                                              |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| NAME OF PROVIDER OR SUPPLIER<br><b>Premier Rehab and Healthcare at Berlin</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>98 Hospitality Drive , Barre, Vermont, 05641</b> |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) | (X5)<br>COMPLETION<br>DATE |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------|
| F0000                    | INITIAL COMMENTS<br><br>The Division of Licensing and Protection conducted an unannounced, onsite investigation of two complaints, including reports #2707078 and #2624945 on 4/15/26 to determine compliance with 42 CFR Part 483 requirements for Long Term Care Facilities. No deficiencies were cited as a result of this survey. | F0000               |                                                                                                                          |                            |

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<br><i>Jennifer Wilber, LWH</i> | TITLE<br><i>Administrator</i> | (X6) DATE<br><i>4/17/26</i> |
|------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------|