

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(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  Premier Rehab and Healthcare at Burlington		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Pearl Street Burlington, VT 05401	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 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:1. Per record review, Resident #1 was admitted to the facility on [DATE]. Per his/her MDS dated [DATE], his/her preferred language is not English, and s/he needs an interpreter to communicate with doctors and health care staff.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.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 speak., 10 days after admission. There are no interventions for interpreter services.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.2. Per record review, Resident #2 was admitted to the facility on [DATE]. Per his/her MDS dated [DATE], 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.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.</p>

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 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
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