STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475014	A. Building B. Wing	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier Rehab and Healthcare at Burlington	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure adequate supervision and the implementation of careˆplanned interventions for 1 of 3 sampled residents (Resident #1). The facility did not ensure staff followed the resident's individualized transfer requirements, including the use of a Hoyer lift with two staff members as outlined in the care plan and facility policy. A Licensed Nursing Assistant (LNA) independently conducted a manual transfer of Resident #1 and as a result, Resident #1 experienced pain and subsequently sustained a fractured scapula (shoulder blade). Findings include:Per record review, Resident #1 was admitted to the facility on [DATE] and has diagnoses that include Osteogenesis Imperfecta (a genetic disorder causing fragile bones that break easily due to defective or insufficient collagen) and Osteoporosis (bone disease where decreased bone mass and density make bones weak, brittle, and prone to fractures). The facility reported incident was reviewed, which described a Licensed Nursing Assistant (LNA) who independently transferred the resident from their wheelchair to their bed and sustained an injury. A review of the resident's care plan revealed an intervention to transfer the resident with two staff members using a Hoyer lift (a mechanical device used to safely transfer individuals with limited mobility), but the LNA neglected to follow it. Review of the hospital report after the incident noted a diagnosis of a broken scapula (shoulder blade) sustained by the resident after the incident of repositioning completed by the LNA. Per interview with Resident #1, s/he confirmed the LNA moved them without using a mechanical lift, and shared the LNA picked them up by lifting them under their arms. S/he attempted to stop the LNA by telling them to use the mechanical lift to move them from the wheelchair to the bed, but the LNA continued with the transfer without the mechanical lift assistance or another colleague. S/he stated that once in bed, they felt a pop and experienced discomfort, which they reported to the LNA. The following statements collected by facility leadership with staff revealed that the LNA reported transferring Resident #1 without using the mechanical lift and that the resident screamed, along with the resident reporting pain. The LNA confirmed she was aware and didn't follow the resident's care plan, which has an intervention of transferring with a Hoyer lift (a mechanical device used to safely transfer individuals with limited mobility) with two staff members. The following statements collected by facility leadership with staff revealed that the Licensed Practical Nurse (LPN) on duty for the unit was informed by the LNA regarding Resident #1 needing pain medications. When they asked for further information, the LNA stated that Resident #1 complained of pain in the upper back and shoulder area on the right side after assisting the resident with removing their sweater. The LPN assessed Resident #1 and found a limited range of motion, with the resident grimacing when movement was attempted. The LPN asked the resident what had occurred. Resident #1 informed the LPN that the LNA had transferred them into bed by lifting them. The LPN confirmed with the LNA that they had lifted them into bed. Per interview with the Administrator at 12:56 PM, she confirmed the LNA didn't follow the facility's policies and procedures or Resident #1's care plan, which states the resident is to be transferred using a Hoyer lift with two staff, and this led to Resident #1 sustaining an injury. Per interview with the Director Of Nursing (DON) at 1:15 PM, she confirmed the LNA failed (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	to comply with Resident #1's care plan, which states the resident is to be transferred using a Hoyer lift with two staff, and that the resident sustained an injury during the transfer. Review of the facility's Safe Resident Handling/Transfers policy, last reviewed 10/2025, includes Staff members are expected to maintain compliance with safe handling/transfer practices.Resident lifting and transferring will be performed according to the resident's individual plan of care. References:https://www.hopkinsmedicine.org/health/conditions-and-diseases/osteogenesis-imperfecta#:~:text