

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/08/2026
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)		
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation, interview, and record review the facility failed to ensure that the call light was within reach and secured for 1 (Resident #2) of 3 sampled residents while in bed. Findings include: Per record review Resident #2 has a diagnosis history of hemiplegia (A paralysis or severe weakness affecting one side of the body, usually caused by brain or spinal cord damage.) and hemiparesis (A partial weakness or reduced strength on one side of the body.) following cerebral infarction affecting right dominant side, Morbid (severe) obesity due to excess calories, Contracture (A condition of shortening and hardening of muscles, tendons, or other tissue, often leading to restricted joint mobility.) of right hand, and muscle weakness. It also states in the resident's care plan that they are at risk for decreased ability to perform activities of daily living in bathing, grooming, personal hygiene, dressing, eating, bed mobility, transfer, locomotion, toileting related to limited mobility. Per interview and observation on 7/8/26 at approximately 12:15 PM, Resident #2's call bell was well out of their reach hanging on the side of the bed. Resident #2 reported that they can't reach to call bell during most of the day shift. Resident #1 (Resident #2's roommate) rang their call bell to alert the staff that Resident #2 needed incontinence care. During this interview, a Licensed Nursing Assistant (LNA) came in to help Resident #2. Per interview on 7/8/26 at approximately 12:30 PM, Resident #2 verbalized that the LNA that came in during the interview changed their briefs and shirt but has since then had another accident and does not have the call bell close by to get help. The call bell was observed to be tucked in on the side of the bed rails, out of their reach. Per observation on 7/8/26 at approximately 1:49 PM, Resident #2's call bell was tucked in on the side of the bed rail again, out of their reach for the 3rd time in three hours. Per interview with Registered Nurse when showed this, he stated that the call bell was tucked in a way that was out of reach for the resident and could not have just fallen there on its own. The nurse confirmed that the call bell was out of the residents reach and should be clipped to the residents' sheet where they can reach it. Per interview with the Director of Nursing on 7/8/26 at approximately 3:15 PM, she confirmed that the call bells should be within the residents reach if they need help and not on the floor or behind the bed rails. Per Call Lights Accessibility and Timely Response Policy Revised 5/2026 Policy Explanation and Compliance Guidelines: 1. All staff will be educated on the proper use of the resident call system, including how the system works and ensuring resident access to the call light. 5. Staff will ensure the call light is within reach of resident and secured, as needed. 6. The call system will be accessible to residents while in their bed or other sleeping accommodations within the resident's room.		

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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