STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	475020	A. Building B. Wing	02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier Rehab and Healthcare at Berlin	98 Hospitality Drive Barre, VT 05641

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to store and prepare in accordance with professional standards for food service safety per observation of stored dirty, greasy, and wet pots and of unclean kitchen equipment.Per observation on 2/2/26 at approximately 10:48 AM, observed numerous pots and pans that were wet on the inside and outside and not dried prior to stacking. Several other pans were noted to be greasy. Per observation on 2/2/26 at approximately 10:58 AM, the meat slicer was observed to have some dry particles on the back of the blade. Per interview on 2/2/26 at approximately 11:02 AM, the Kitchen Manager confirmed the above observations.Per observation on 2/2/26 at approximately 11:03 AM, the floor stand mixer was noted to have a dried, tacky white substance on the underside of the mixer arm, and on the backsplash under the mixer arm. There were some food particles/crumbs noted on the inside of the attached metal mixing bowl. Per interview on 2/2/26 at approximately 11:04 AM, the Kitchen Manager confirmed the above observation.Per observation on 2/2/26 at approximately 11:07 AM, a divided plastic bin containing silverware was noted in the food prep area. The silverware was noted to be dirty with dried particles/debris. Per interview on 2/2/26 at 11:07 AM, the Kitchen Manager confirmed the above observation.Per record review of the facility's Food Procurement policy [revised date 11/2025] revealed: All equipment used in the handling of food shall be cleaned and sanitized, and handled in a manner to prevent contamination. a) Staff shall follow facility procedures for dishwashing and cleaning fixed cooking equipment. b) Clean dishes shall be kept separate from dirty dishes Per observation on 02/04/26 for a follow up kitchen visit at 11:08 AM, It was observed that there were some stacked wet pans that had not been dried prior to stacking. Several pans had some dried thick food debris noted on the inside, and several pans were noted to be greasy on the inside and outside. Per interview on 2/4/26 at approximately 11:09 AM, the Kitchen Manager confirmed the pans were wet, greasy, and dirty.Per observation on 2/4/26 at 11:12 AM, the floor stand mixer was found to have crumbs inside the bowl and some batter splattered close to the attachment. The Kitchen Manager confirmed these findings. Per observation on 2/4/26 at 11:14 AM, the back side of the meat slicer blade was observed to have some crusted dry meat particles. The Kitchen Manager confirmed that the meat slicer was dirty.

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
	475020	A. Building B. Wing	02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure accurate advanced directive choices were indicated in the electronic medical record for 2 of 21 sampled residents (Resident # 10 and Resident #29). Findings include:1.) Per record review of Resident # 10's COLST (Clinicians Orders for Life-Sustaining Treatment) form dated [DATE] revealed the resident wishes to receive CPR (cardiopulmonary resuscitation) and desires full code status. Resident # 10's care plan initiated [DATE] stated Resident #10 is a full code indicating the resident wants CPR. A physician's order dated [DATE] read full code. The EMR (electronic medical record) care profile for Resident #10 has a section for code status that read DNR (do not resuscitate). Per interview with Unit Manager Licensed Practical Nurse (LPN) of B wing on [DATE] at 1:07 PM, she stated her and her staff use the resident care profile to identify a resident's code status. She confirmed Resident #10 is a DNR based on the care profile and that the COLST form indicates the resident is a full code. Per interview with the Director of Nursing (DON) on [DATE] at 1:13 PM, she confirmed the resident's care profile, care plan, physician order, and COLST form in the EMR should all indicate the same code status. The DON confirmed that Resident #10's COLST form code status in the electronic medical records does not match the care profile, care plan, and physician order. 2.) Per review of Resident #29's Care Plan on [DATE], the resident's care plan identifies the resident as having established Advanced Directives which include: Do Not Hospitalize (DNH), Do Not Intubate (DNI), Do Not Resuscitate (DNR). Further review of the Care Plan reveals the resident also identified as having an established advanced directive: Full Code. Review of Physician notes dated [DATE] & [DATE] reads presumed full code although the patient was very dismissive of a discussion of the subject matter. Physician notes dated [DATE] record the patient doesn't have a COLST on file, and physician notes dated [DATE] reveal the resident's code status DNR/DNI/DNH. Per review of the [NAME] DNR/ COLST form [Do Not Resuscitate/Clinician Orders for Life-Sustaining Treatment], Full Code status can include hospitalization, intubation, and cardio-pulmonary resuscitation.Per review of the facility's Residents' Rights Regarding Treatment and Advance Directives policy [Copyright 2025 The Compliance Store, LLC. All rights reserved], the policy includesDecisions regarding advance directives and treatment will be periodically reviewed as part of the comprehensive care planning process, the existing care instructions and whether the resident wishes to change or continue these instructions. An interview was conducted with the Director of Nursing [DON] on [DATE] at 2:23 PM. The DON confirmed Resident #29's Care Plan included contradictory information regarding the resident's Advance Directives. The DON confirmed Resident #29's Care Plan included Advance Directives that direct staff to both withhold specific life sustaining measures and also to initiate the same life sustaining measures. The DON confirmed that contradictory information on the care plan regarding Resident #29's Advance Directives needs to be resolved.