| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 475020 | A. Building<br>B. Wing | 08/06/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Premier Rehab and Healthcare at Berlin | 98 Hospitality Drive<br>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) |
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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>Based on interview and record review the facility failed to provide adequate supervision to prevent a resident from eloping from a facility for 1 of 3 Residents (Resident #45). Findings include:Per record review of Resident #45's Care Plan, this resident was assessed as an elopement risk upon admission to this facility and has had a Wander Guard on his/her right ankle since admission. The Wander Guard was initiated on 3/7/25. The Care Plan does not indicate interventions related to wandering or for supervision for this resident. This resident has diagnoses of impaired cognitive function, restlessness and agitation and traumatic brain injury.Per review of an Incident Report, Resident #45's eloped on 4/7/25,. The document shows Resident #45 was unable to be located on the facility campus on 4/17/25 at 7:15PM. S/he was located at approximately 7:35PM on the property adjacent to the facility which is located down a hill from the facility. Per record review [SS1] of a 4/18/25 progress note, Resident #45 was transported by Emergency Medical Services from the adjacent property to the hospital where she/he had x-rays done because s/he complained that their head and both knees hurt. Both knees had scrapes on them. The resident said s/he had fallen while walking down the hill between the facility and the adjacent property. Per interview on 8/5/25 at approximately 3:30PM with Resident #45, s/he explained how s/he had excited the building without being noticed. S/he removed the window and the screen in an empty room. S/he then climbed out the window to go for a toddle around with a plan to go to Northfield because s/he wanted to go home. Per interview with Licensed Practical Nurse (LPN) #1 on 8/6/25 at 11:00AM, s/he stated that s/he was part of the search team for Resident #45. S/he and two other staff members found the resident at the Hair Salon down the hill from this facility. S/he stated that the resident was able to tell her/him what had happened and that his/her head and knee hurt. S/he confirmed that Emergency Medical Services was present when s/he arrived and that the resident was taken to the hospital by EMS to be assessed. Per interview on 8/6/25 at 10:50 AM with the Director of Nursing, she stated the last time staff had eyes on him/her was about 6:00 PM. Resident #45 was located at the hair salon which is about 200 yards away. She also confirmed that Resident #45 had the Wander Guard on at the time s/he was found. The DON stated that it did not alarm because the resident went out a window and the windows are not alarmed. She also confirmed that Resident #45 had removed the window and the screen in an empty room that maintenance had been working in.Per observation on 8/6/25 at approximately 3:00PM Resident # 45 exited through an alarmed door while an employee was assisting another resident, in a wheelchair, through the same door, onto the unit. The employee did not stop or redirect Resident #45. |

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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