



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 21, 2024

Wanda King, Manager
Fairwinds Residential Care Home
108 Mechanic Street
North Bennington, VT 05257

Dear Ms. King:

On **March 18, 2024**, we conducted a revisit to the survey of **December 19, 2023** to verify that your facility had achieved substantial compliance. Based on our revisit, we found that your facility has corrected all violations cited at the time of this survey.

If you have any questions regarding this report, please feel free to contact this office at (802) 585-0995.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, M.S.
State long Term Care Manager

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/18/2024
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NAME OF PROVIDER OR SUPPLIER FAIRWINDS RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 108 MECHANIC STREET NORTH BENNINGTON, VT 05257
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R100}	<p>Initial Comments:</p> <p>An unannounced on site Follow- up survey was conducted by the Division of Licensing and Protection on 3/18/24. The initial relicensure survey was conducted in 3/13/23, with additional follow up surveys were conducted on 9/13/23 and 12/19/23. The RCH was found to be in substantial compliance with regulatory requirements as of 3/18/24.</p>	{R100}		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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