



**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  
To Report Adult Abuse: (800) 564-1612  
Survey and Certification Fax (802) 241-0343  
Survey and Certification Reporting Line: (888) 700-5330

October 23, 2023

Ms. Patricia Horn  
Village At Cedar Hill, Inc  
92 Cedar Hill Drive  
Windsor, VT 05089-4436

Dear Ms. Horn:

The Division of Licensing and Protection completed a complaint investigation at your facility on **October 17, 2023**. The purpose of the investigation was to determine if your facility was in compliance with Assisted Living Residence Licensing Regulations. There were no regulatory violations as a result of this investigation.

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Cota RN".

Pamela Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/17/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VILLAGE AT CEDAR HILL, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>92 CEDAR HILL DRIVE</b> <b>WINDSOR, VT 05089</b>
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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
A 001	<p>VI Initial Comments</p> <p>An unannounced on-site complaint investigation of 2 facility self-reports was conducted on 10/17/23 by the Division of Licensing and Protection. No regulatory violations were identified.</p>	A 001		

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