## **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

April 16, 2021

Jem Rodgers, Manager Homestead 64 Harborview Drive St Albans, VT 05478-4477

Dear Ms. Rodgers:

The Division of Licensing and Protection completed a complaint investigation at your facility on **March 17**, **2021**. The purpose of the investigation was to determine if your facility was in compliance with Residential Care Home 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,

Pamela Cota, RN Licensing Chief

Pamela MCotaRN

PRINTED: 04/16/2021 FORM APPROVED

Division of Licensing and Protection

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:         | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |   | (X3) DATE SURVEY<br>COMPLETED |  |
|--|--|--|--|---|-------------------------------|--|
|  |  |  | A. BOILDING.                             |   | С                             |  |
|  |  | 0605   | B. WING                                  |   | 03/17/2021                    |  |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE |  |  |  |   |                               |  |
| HOMESTEAD 64 HARBORVIEW DRIVE ST ALBANS, VT 05478                  |  |  |  |   |                               |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) |  | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORRECTION (X (EACH CORRECTIVE ACTION SHOULD BE COMP CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) |                               |  |
| R100   | R100 Initial Comments:   |  | R100                                     |   |                               |  |
| R100   | The Division of Licens   | ced onsite investigation of 5  1. There were no regulatory | R100                                     |   |                               |  |
|  |  |  |  |   |                               |  |

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE