



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

April 8, 2022

Ms. Mary Belanger, Manager
Homestead Senior Living
64 Harborview Drive
St Albans, VT 05478-4477

Dear Ms. Belanger:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 23, 2022**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

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

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0805	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/23/2022
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NAME OF PROVIDER OR SUPPLIER
HOMESTEAD SENIOR LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE
**64 HARBORVIEW DRIVE
ST ALBANS, VT 05478**

(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)	(X6) COMPLETE DATE
R100	Initial Comments: The Division of Licensing and Protection conducted an unannounced onsite investigation of 1 complaint and 1 facility self report on 3/7/22. The investigation was concluded off site on 3/23/22. The following regulatory violations were cited as a result:	R100		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interviews and record review, the facility failed to develop a care plan for 1 applicable resident (Resident #1). Findings include: During review of records on 3/7/22 the care plan section of Resident #1's electronic health record contained only one entry made on 3/1/22 stating "Resident is at risk for developing COVID 19 infection due to positive case in facility" with a desired outcome listed as "Resident will not experience any significant symptoms of COVID 19". A review of Resident #1's paper chart yielded no additional findings of care plan documents. At 11:23 am on 3/7/22 the Director of Nursing	R145	R145: Resident #1 care plan and assessment have been reviewed and updated to reflect current needs. All Resident care plans and assessment are being reviewed for accuracy and detail. All resident care plans and assessments will be updated annually or when significant change has occurred. RN and Executive Director will track each resident to ensure annual assessments are up to date and audit monthly to ensure assessments and care plans are up to date. Plan of correction will be complete by 5/6/22.	

Division of Licensing and Protection

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

TITLE

(X6) DATE

Mary Bolag Executive Director 4.5.22

STATE FORM

0899

PMJR11

If continuation sheet 1 of 2

R145 PIC accepted 4/6/22 RTremblay R/P/PMC

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0605	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/23/2022
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NAME OF PROVIDER OR SUPPLIER HOMESTEAD SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 64 HARBORVIEW DRIVE ST ALBANS, VT 05478
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R146	Continued From page 1 Services stated that Resident # 1 had additional needs not addressed by the care plan and confirmed this single entry was the only existing Care Plan for Resident #1.	R146		