



**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

December 19, 2024

Kerri Elkouh, Manager  
Homestead, Inc.  
73 River Street  
Woodstock, VT 05091-1226

Dear Ms. Elkouh:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 21, 2024**. 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.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

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

Carolyn Scott, LMHC, MS  
State Long Term Care Manager  
Division of Licensing & Protection

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0135</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/21/2024</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>HOMESTEAD, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>73 RIVER STREET WOODSTOCK, VT 05091</b>
--	---

(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	Initial Comments:  An unannounced onsite relicensure survey was conducted by the Division of Licensing and Protection on 10/21/24. Regulatory deficiencies were identified. Findings include:	R100		
R181 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review there was a failure to ensure written documentation was on file and available for review indicating the decision to hire 2 applicable Staff with substantiated Vermont Center for Criminal Information (VCIC) criminal record findings did</p>	R181	<p>I was not aware that I had to keep notes on our decisions to hire people with offenses. I have corrected this by placing notes from myself, the D.O.N. &amp; the employees.</p> <p>R181 Accepted Jenielle Shea, RN 12/18/24</p>	11/15

Division of Licensing and Protection

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

*Devi B. Elkohl*

TITLE

Executive Director

(X6) DATE

11/22/24

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0135</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/21/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HOMESTEAD, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>73 RIVER STREET WOODSTOCK, VT 05091</b>
--	---

(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
--------------------	--	---------------	---	--------------------

R181	Continued From page 1  not pose a risk to facility residents per the Division of Licensing and Protection's memorandum entitled "Background Check Process" sent to all Residential Care Home facilities on June 25, 2015. Findings include:  Per record review of staff background checks, the Manager was requested to provide written documentation indicating substantiated findings on 2 applicable Staff's VCIC criminal background checks did not pose a risk to the residents of the home.  Per interview on 10/21/24 at 1:00 PM the Manager confirmed the requested documentation was not on file and available for review in the personnel files of the 2 applicable Staff.	R181		
R190 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.12.b.(4)  The results of the criminal record and adult abuse registry checks for all staff.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the RCH failed to ensure criminal background checks were available for review.  Per record review 2 out of 5 staff records did not include a National Criminal background checks and 3 out of 5 staff of the applicable staff records did not include annual background checks completed for Vermont Criminal Information Center (VCIC) and Abuse registry checks.	R190	<p><i>I was not aware that we needed to run national criminal background checks. I have now created an account &amp; have run national background checks on all employees.</i></p> <p>R 190 Accepted Jenielle Shea, RN 12/18/24</p>	<p><del>10/22</del> 10/22</p>

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0135</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/21/2024</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>HOMESTEAD, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>73 RIVER STREET WOODSTOCK, VT 05091</b>
--	---

(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
R190	Continued From page 2  Per interview on 10/21/24 at 1:10 PM the Manager confirmed National Background checks were not completed for 2 out of 5 staff and annual checks were not completed for VCIC and abuse registry of the applicable staff. Through the interview, the RCH acknowledged to be unaware of the updated guidance regarding background check requirements per the memorandums provided by licensing agency, on 10/22/22 and 5/1/23 and confirmed the policy is not updated to reflect the requirements established in the guidance provided by the licensing agency.	R190		