



**AGENCY OF HUMAN SERVICES**  
**Division of Licensing and Protection**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

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

March 7, 2019

Ms. Susan Spadaro, Manager  
Village At Cedar Hill, Inc  
92 Cedar Hill Drive  
Windsor, VT 05089-4436

Dear Ms. Spadaro:

The Division of Licensing and Protection completed a complaint investigation at your facility on **February 27, 2019**. 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 black ink that reads "Pamela Cota".

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>02/27/2019</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 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
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R100	<p>Initial Comments:</p> <p>An unannounced, on-site investigation of a self reported event was conducted by the Division of Licensing and Protection on 2/27/2019. No regulatory violations were identified at this time.</p>	R100		
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Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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