



**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

September 30, 2021

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

Dear Ms. Horn:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **August 4, 2021**. 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:  1003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 08/04/2021
NAME OF PROVIDER OR SUPPLIER  VILLAGE AT CEDAR HILL, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 92 CEDAR HILL DRIVE WINDSOR, VT 05089		
(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 on-site investigation of 2 complaints was conducted by the Division of Licensing and Protection on 8/3/2021 and completed on 8/4/2021. As a result of the investigation the following regulatory violations were identified:	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 staff interview and record review, the ALR nurse failed to update the Care Plan to reflect a resident's newly identified issue of lower leg edema, the addition of a new medication to treat, and the use of compression stockings for 1 applicable resident (Resident #1). Findings include:  1. In late 2020 and early 2021, Resident #1 was experiencing new or increased leg edema (swelling) requiring compression stockings and initiation of a diuretic medication to treat the edema. Per record review, a physician visit dated 1/4/21 documented that the visit was requested due to lower extremity edema "noted over the past	R145	Resident Services Director will re-train all assisted living nurses on the care planning process around edema treatments and management. Resident Services Director will complete an audit of residents with edema diagnoses and make sure resident treatments and management are not only recorded and tracked in the medication administration record but also documented in the plan of care. Resident Services Director, or designee, will conduct a monthly audit of residents with edema and/or compression stockings to monitor that care plans are completed. This will be completed by October 22, 2021.	

Division of Licensing and Protection

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

TITLE

(X6) DATE

STATE FORM

6899

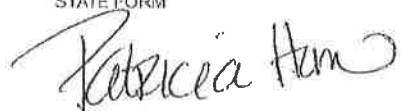
PVTN11

If continuation sheet 1 of 3

R145 - R179 POCs accepted 9/30/21 Fmclntosh RN/PMC

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R145	Continued From page 1  week or 2". In response to the new edema, a diagnosis was made for "edema of lower extremity", the physician ordered a new diuretic medication to treat the edema, and ordered use of compression stockings on his/her legs. A recommendation was made, as documented on the physician visit notes, to assist the resident with lower extremity elevation after meals. There was a failure of nursing to document on the resident's care plan the new issue of edema, the new use of a diuretic medication, application and management of the compression stockings to include goals and regular monitoring of lower extremities, and interventions regarding elevating the residents legs after meals. While the application and removal of the compression stockings is documented in the electronic medical record in the medication administration record, per review of the plan of care, there is no indication the resident has an issue with edema, no goals or interventions to address the edema or regarding possible needs around use of a diuretic medication for this resident who is at high risk for falls.	R145		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:	R179	All new hires will complete required educations before starting direct care. Village Director and Resident Services Director, or designees, will audit annual educations quarterly. All staff completed fire safety training by 8/30/2021. All direct care staff will have completed annual emergency response and first aid training by 9/30/2021.	



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R179	Continued From page 2  (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the Assisted Living Residence (ALR) failed to ensure the provision of at least 12 hours of training each year for each staff person providing direct care to residents. Findings include:  Per review on 8/3/2021 of training records for staff employed at the ALR noted the 12 hours of yearly training had not been completed for 5 of 5 employees. Training records reviewed noted all 5 employees were not provided the required training to include Fire safety and Emergency Response & First Aid. The lapse of training was confirmed with the owner and Executive Director on the afternoon of 8/3/2021.	R179		

*Fabrizio Am*