



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

October 24, 2024

Kelly Baptie, Manager
Village At Cedar Hill, Inc
92 Cedar Hill Drive
Windsor, VT 05089-4436

Dear Ms. Baptie:

On **October 16, 2024**, we conducted a revisit to the survey of **June 20, 2024** to verify that your facility had achieved substantial compliance. Based on our revisit, we found that your facility has corrected all violations cited at the time of this survey.

If you have any questions regarding this report, please feel free to contact this office at (802) 585-0995.

Sincerely,

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

Carolyn Scott, LMHC, M.S.
State long Term Care Manager

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 R-C 10/16/2024
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NAME OF PROVIDER OR SUPPLIER VILLAGE AT CEDAR HILL, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 92 CEDAR HILL DRIVE WINDSOR, VT 05089
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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
{R100}	<p>Initial Comments:</p> <p>An unannounced on site Follow- up survey was conducted by the Division of Licensing and Protection on 10/16/24. The relicensure survey and investigation of facility reported incident was conducted on 6/20/24. The ALR was found to be in substantial compliance with regulatory requirements as of 10/16/24.</p>	{R100}		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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