VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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AGENCY OF HUMAN SERVICES

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

January 23, 2026

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

Dear Ms. Baptie:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **December 16, 2025.** 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,

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1003	A. BUILDING: _____ B. WING _____	12/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE AT CEDAR HILL, INC	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 On 12/16/25 the Division of Licensing and Protection conducted an unannounced on-site annual survey. The following deficiencies were identified:	R100		
R203 SS=D	5.10.h (1) Medication Management All drugs, medicines and chemicals used in the home must be labeled in accordance with currently accepted professional standards of practice. Medication must be used only for the resident identified on the pharmacy label. (1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel must have access to the keys. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there is a failure to ensure medications are secured in a locked compartment as required. Findings include: During a tour of the home commencing at 9:02 AM on 12/16/25 unsecured medications were observed to be unsecured and accessible in a Residents Room including medicated foot powder, Tums calcium antacid tablets, Triamcinolone topical steroid cream, Citrucel fiber powder, Loperamide antidiahrreal medication, melatonin, acetaminophen tablets, Azo urinary pain relief medication, aspirin, and Nystatin topical antifungal medication. These findings were confirmed by the Executive Director during the tour of the home conducted on the morning of 12/16/25.	R203		

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R358 SS=F	6.10 Resident's Rights The resident's right to privacy extends to all records and personal information. Personal information about a resident must not be discussed with anyone not directly involved in the resident's care. Release of any record, excerpts from or information contained in such records are subject to the resident's written approval, except as requested by representatives of the licensing agency to carry out its responsibilities or as otherwise provided by law. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there is a failure to ensure the right to privacy for all residents who reside on the main floor of the home due to the storage of the resident's personal health information in an unlocked nursing office. Findings include: During a tour of the home commencing at 9:02 AM on 12/16/25 the nursing office on the main floor of the home was observed with open unlocked doors. The binders used to hold paper health records for residents who live on this floor of the home were observed to be visible from the hallways and accessible in the unlocked office. Medication packaging with private health information on the label was also observed to be unsecured and accessible in the unlocked office. This finding was confirmed by the Executive Director during the tour of the home conducted on the morning of 12/16/25.	R358		
R382 SS=F	7.2.b Food Safety and Sanitation	R382		

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R382	Continued From page 2 7.2.b All perishable food and drink must be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. (3) Staff must monitor the temperature of temperature-controlled food storage areas. Staff must conduct regular temperature checks of prepared food to ensure proper food safety and must document the time and results of each check. The U.S. Department of Agriculture provides guidance for time and temperature curves to ensure prepared foods remain outside of the 'danger zone' for food safety. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there is a failure to ensure perishable foods and beverages are labeled with the dates the items were opened. Findings include: During a tour of the home commencing at 9:02 AM on 12/16/25 the following undated opened perishable foods and beverages were observed : 1. In a kitchenette refrigerator in the main floor dining room undated perishable items included multiple opened undated bottles of juice and soda; half gallon containers of milk and half & half; containers of dressings, condiments, and sauces; whipped cream; and non-dairy creamer. 2. In the home's main floor kitchen multiple opened perishable items including large containers of oil and vinegar; an unrefrigerated partially used gallon of lemon juice; dry goods including oats, cream of wheat, and pancake mix;	R382		

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R382	Continued From page 3 and a large unsealed box of raisins were observed to be without labels indicating the dates these items were opened. These findings were confirmed by the Executive Director during the tour of the home conducted on the morning of 12/16/25.	R382		
R394 SS=F	7.3.i Food Storage and Equipment Poisonous compounds (such as cleaning products and insecticides) must be labeled for easy identification and must not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there is a failure to ensure cleaning products are stored in a separate locked compartment and within the food storage area. Findings include: During a tour of the home commencing at 9:02 AM on 12/16/25 the dry goods food storage room adjacent to the main kitchen was observed with containers of disinfecting and sanitizing wipes stored on an open framework metal shelf on which an uncovered box containing bags of pearl barley was also stored. A large bag of flour stored directly on the floor beside the shelf used to store these cleaning chemicals was observed to be unsealed and left wide open. This finding was confirmed by the Executive Director during the tour of the home conducted on the morning of 12/16/25.	R394		

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R403 SS=F	9.1.c Environment The home must ensure that the resident environment remains as free of accident hazards as possible. Maintaining a safe environment must include the safe storage and clear labeling of chemical agents, which must include secure storage of such agents if the home has residents with cognitive impairment. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview there is a failure to ensure the resident environment is free of hazards including safe storage of chemical agents, power tools and sharp objects. Findings include: Policies and procedures governing secure storage of chemicals have been developed by the home. Per record review and staff interview, the Assisted Living Residence is home to residents with various abilities to safely manage access to hazardous items. During a tour of the home commencing at 9:02 AM on 12/16/25, hazardous items were observed to be unsecured and accessible to residents in the following areas of the home: 1. Steak knives with sharp serrated edges were observed to be stored in an unlocked drawer in the kitchenette adjacent to the dining room on the main floor of the home. 2. On the South Wing of the home an unlocked utility closet was observed with unsecured chemicals accessible to residents of the home	R403		

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R403	Continued From page 5 including descaler, bleach, stainless steel cleaner, disinfectant spray, and winter rinse neutralizing cleaner. Resident Room #221 on the South Wing was observed with unsecured cleaning chemicals including Oxi Clean and a bottle of Lysol disinfecting spray.. 3. On the North Wing of the home a Resident's Room was observed with unsecured cleaning chemicals including stainless steel cleaner and a bottle of Lysol disinfecting spray. 4. The door to the Maintenance Garage located along the hallway near the lower level laundry room was observed to be unlocked, leaving numerous hazardous items accessible to residents of the home including but not limited to power tools, hand tools and other sharp objects, paint, insecticides, weed killer, Rid X septic system treatment, penetrating catalyst oil/spray, windshield wiper fluid, odor eliminator, rust stain remover, bleach, and Simple Green. The exterior door of the Maintenance Garage, which leads to a parking area accessible to residents, was also observed to be unlocked. These findings were confirmed by the Executive Director during the tour of the home conducted on the morning of 12/16/25.	R403		
R430 SS=F	9.6.d Plumbing Hot water temperatures must not exceed 120 degrees Fahrenheit in resident areas. This REQUIREMENT is not met as evidenced by:	R430		

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R430	Continued From page 6 Based on observation and staff interview there is a failure to ensure water temperatures in resident accessible areas of the home are maintained at or below 120 degrees Fahrenheit. Findings include: During a tour of the home commencing at 9:02 AM on 12/16/25 the water temperature in a Resident's Room on the main floor of the home was observed to be maintained at 121/6 degrees Fahrenheit. In the home's Memory Care Center included water temperatures were observed to be 127 degrees Fahrenheit in a Resident's Room bathroom and 124.9 degrees in an additional shared bathroom located near the entrance to this area of the home. These findings were confirmed by the Executive Director during the tour of the home conducted on the morning of 12/16/25. Following adjustments made to the home's water heaters, the water temperatures in the identified areas of the home were observed by the Survey team and confirmed by a member of the home's Maintenance staff to be maintained at or below 120 degrees Fahrenheit at 5:00 PM on 12/16/25.	R430		

Deficiency Statement Plan of Correction (POC)

Survey Date: 12/16/25

Facility Name: The Village at Cedar Hill

Deficiency Tag	How the deficiency was corrected	How other potential residents identified, and corrective action taken	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R203 Medication Management	All unsecured medications identified during the survey were removed from the resident's room and placed in the designated locked medication storage area on 12/16/25. R203 accepted by LTCM on 1-22-26	An audit of resident rooms in assisted living was conducted to ensure no other unsecured medications were present. Any medications found were secured in the locked medication storage area. Residents, families and staff were reeducated of the facility's medication storage policy.	Corrected 12/16/25	Staff will be reeducated on the facility's medication management policy, including the requirement that all medications must be stored in locked compartments at all times. Education will be completed by 1/31/26. Residents will be educated at resident council, and families will receive communication to reeducate them on the facility policy and requirements of medication storage. To ensure ongoing compliance, the Resident Services Director or designee will conduct weekly medication storage audits for the next 4 weeks, and the results will be reviewed at the QAPI meeting for the next 3 months.	The Resident Services Director or designee
R358 Resident Rights	All resident health records and medication packaging containing private health information were immediately removed from view and placed in secured cabinets within the nurse's station.	An audit of all nursing stations was conducted on 12/16/25 to ensure no other unsecured resident records or medication packaging were accessible.	Corrected 12/16/25	Nursing office doors will remain locked at all times when unattended. Keypad locks were installed on the nurses' station doors to ensure continuous security of resident information. All resident records and	The Resident Services Director or designee

	The office doors were immediately closed to prevent unauthorized access. R358 accepted by LTCM on 1-22-26	All identified items were secured. Staff were reminded of the facility's HIPAA policy.		medication packaging will be stored in secured areas when not in use. Staff will be re-educated on HIPAA and the facility's privacy policies, with emphasis on the requirement to secure all personal health information. Education will be completed by 1/31/26. To ensure ongoing compliance, weekly audits of the nurses' stations will be conducted for the next 4 weeks, and the findings will be reviewed at the QAPI meeting for the next 3 months.	
R382 Food Safety and Sanitation	All undated perishable food and beverage items identified during the survey in the refrigerator and main kitchen were discarded or labeled with the date opened. R382 accepted by LTCM on 1-22-26	A full audit of all food storage areas, including refrigerators, freezers, and dry storage, was conducted on 12/16/25. Any undated or improperly stored items were discarded or labeled appropriately.	Corrected 12/16/25	Staff will be re-educated on the facility's food safety policy, including the requirement to properly label and date all perishable items upon opening. Education will be completed by 1/31/26. To ensure ongoing compliance, weekly audits of all food storage areas will be conducted for the next 4 weeks, and the results will be reviewed at the QAPI meeting for the next 3 months.	The Dietary Manager or designee
R394 Food Storage and Equipment	All cleaning products identified in the food storage area were immediately removed and placed in a separate locked compartment outside of the food storage	A full audit of all food storage areas was conducted on 12/16/25 to ensure no other cleaning products or improperly stored food items were present.	Corrected 12/16/25	Staff will be re-educated on the facility's food storage policies, including the requirement that all chemicals must be stored in a separate locked compartment and that all food items must be properly sealed and stored off	The Dietary Manager or designee

	space in a locked room inside the kitchen. The unsealed bag of flour was discarded, and all remaining food items were inspected, sealed, and stored properly off the floor.	Any identified issues were corrected immediately on 12/16/25. R394 accepted by LTCM on 1-22-26		the floor. Education will be completed by 1/31/26. To ensure ongoing compliance, weekly audits of all food storage areas will be conducted for the next 4 weeks, and the results will be reviewed at the QAPI meeting for the next 3 months.	
R403 Environment	1.) Steak knives were removed and locked in the kitchen storage immediately. 2.) The utility closet was locked immediately during the survey. 3.) The cleaning products were removed and stored in a secured area. 4.) The maintenance garage was locked immediately. R403 accepted by LTCM on 1-22-26	An audit of resident common areas, apartments, utility closets, kitchenettes, and maintenance areas was conducted on 12/16/25 to ensure no other hazardous items were accessible. Any identified items were secured immediately. Residents, staff and families will be re-educated of the facility's safety policy regarding hazardous items in their apartments. Staff were educated to ensure the garage door is always locked due to safety reasons.	Corrected 12/16/25	Staff will be re-educated on environmental safety policies, including the requirement to secure all hazardous chemicals, sharp objects, and tools in locked compartments. Education will be completed by 1/31/26. Self-locking doorknobs have been ordered and are scheduled to be installed on the utility closet and the maintenance garage by 1/31/26. To ensure ongoing compliance prior to and following installation, the Executive Director or designee will conduct weekly door check audits of all relevant facility closets to verify that the garage and closets remain locked at all times. These audits will be completed weekly for the next 4 weeks, and findings will be reviewed at the QAPI meeting for the next 3 months.	The Executive Director or designee
R430 Plumbing	Monitored temperatures and made adjustments to the home's water heater	Any areas found above the limit were corrected after adjustments were made.	Corrected 12/16/25	Staff were reeducated on the facility's hot water temperature policy and the requirement to maintain temperatures at or	The Maintenance Director/ Executive Director or designee

	mixing valves. The hot water temperatures in all identified areas were reduced to a regulatory range on 12/16/25. R430 accepted by LTCM on 1-22-26			below 120°F in all resident areas. Education will be completed by 1/31/26. Maintenance staff are working with vendors to install a digital mixing valve to support consistent temperature regulation. To ensure compliance, the Maintenance Director or designee will conduct weekly hot water temperature audits for the next 4 weeks, and findings will be reviewed at the QAPI meeting for the next 3 months.	