VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
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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

November 18, 2025

Samantha Tracey, Manager
Historic Homes Of Runnemede-Evarts House
40 Maxwell Perkins Lane
Windsor, VT 05089

Dear Ms. Tracey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 21, 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
	0374	A. BUILDING: _____ B. WING _____	C 10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HISTORIC HOMES OF RUNNEMEDE-EVARTS HOUSE	40 MAXWELL PERKINS LANE 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 onsite facility reported incident investigation was conducted by the Division of Licensing and Protection on 10/21/25. The following deficiencies were identified:	R100		
R215 SS=F	5.11.e (4) Staff Services All background checks must be rechecked based on facility policy. The policy must include, at a minimum an annual re-check of Vermont criminal and abuse registries, and an annual re-check of all jurisdictions if a staff member has worked or lived in another state since the initial background check was completed and/or does so on a regular basis, and at any time any employee or caregiver notifies the home of a conviction or substantiation. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to perform annual Vermont criminal and abuse registry checks for 3 out of 5 sampled employees. Findings include: Per record review of the facility policy titled "Employment Requirements" dated 5/18/20, it does not identify that Vermont Criminal background checks and abuse registries checks should be performed annually. This is not in alignment with the state licensing requirements. Per record review of five employee background checks on 10/21/25, three employees of the facility did not have their Vermont criminal and abuse registry checks performed annually. One staff member's last Vermont criminal background check was completed on 10/18/24 and the last	R215		

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R215	Continued From page 1 abuse registry checks were on 10/16/24. Another Staff member's record showed the last Vermont criminal background check was completed on 7/24/18 and their last abuse registry checks were on 7/19/18. A third staff member's record showed their last Vermont criminal background check was completed on 6/14/24 and their last abuse registry checks were on 6/14/24. Per interview with the director on 10/21/25 at 1:43 PM s/he confirmed the background checks should be performed annually, and that s/he has been advocating for them to be done, but the facility has not completed annual background checks or abuse registry checks. Per interview with the director on 10/21/25 at 2:08 PM they confirmed that their policy does not say that the abuse registry checks need to be done annually and they confirmed the 3 staff members were not up to date on their background checks.	R215		
R350 SS=F	6.2 Residents' Rights Each home must establish and adhere to a written policy, consistent with these rules, regarding the rights and responsibilities of residents, which must be explained to residents at the time of admission. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to implement a policy relating to staff to resident abuse. Findings include: Per review of the facility policy titled "Policies and Procedures Manual" (no date available), states	R350		

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R350	Continued From page 2 that "Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation". Per review of the facility policy titled "Abuse and Neglect of Adult Patients" dated 8/13/24, it states that Abuse is "intentionally subjecting a vulnerable adult to behavior which should reasonably be expected to result in intimidation, fear, humiliation, degradation, agitation, disorientation, or other forms of serious emotional distress. The facility does not have a policy relating to staff to resident abuse, which is not in alignment with state licensing requirements. Additionally, the facility does not have a policy and procedure that explains what the home will do in cases of alleged staff to resident abuse, which doesn't align with state licensing requirements. Per interview on 10/21/25 at 2:45 PM, the manager confirmed that they do not have a policy relating to staff to resident abuse.	R350		
R360 SS=D	6.12 Resident's Rights Residents must be free from mental, verbal or physical abuse, neglect, and exploitation. Residents must also be free from restraints and seclusion as described in Section 5.14. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to protect a resident from verbal abuse from a staff member for 1 of 3 residents (Resident #1). Findings include: Per review of the facility policy titled "Policies and Procedures Manual" (no date available), it states	R360		

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R360	Continued From page 3 that "Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation". Per review of the facility policy titled "Abuse and Neglect of Adult Patients" dated 8/13/24, it states that Abuse is "intentionally subjecting a vulnerable adult to behavior which should reasonably be expected to result in intimidation, fear, humiliation, degradation, agitation, disorientation, or other forms of serious emotional distress". The facility does not have a policy relating to staff to resident abuse, which is not in alignment with state licensing requirements. Per record review of Resident #1's care plan dated 3/12/25, it identified them as enjoying activities with others, being social, enjoying their tablemates, that they can make their needs known, and had no issues with socializing. Per record review of the facility investigation dated 9/25/25, it indicated that on 9/11/25 a staff member "reported concerns regarding [Staff member in question] and [Resident #1]. The complaint stated that [Resident #1] was observed crying and said [Staff member in question] had yelled at him/her. During the interaction [Staff member in question] reportedly stated, "Just because I yelled at you doesn't mean you are not welcome here. I yell at other people and I don't want them to leave". The investigative report also revealed the HHR Director "...confirmed [Resident #1] was feeling upset due to [Staff member in question] having a raised voice". As part of the "After Action Plan" it mentions that this staff member was reassigned to another residential care home temporarily and was "counseled on communication techniques". It additionally states that, "All staff will receive refresher education on abuse reporting	R360		

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R360	Continued From page 4 requirements". When asked for the education that all staff had completed after this incident of verbal abuse, the manager was unable to provide any evidence that it had been completed. Per interview with the director on 10/21/25 at 1:24 PM, they reported that they don't know the actual date of when the yelling incident occurred, but that Resident #1 and the staff member in question were in the hallway having a conversation about the yelling incident on 9/10/25 and that another staff member overheard this and then reported it the director on 9/11/25. Per record review of a care plan update dated 9/11/25, it mentions that Resident #1 felt sad and unwelcomed in the home and it listed interventions of checking on the resident at least once during the shift, encouraging participation in group activities, sharing of feelings and concerns, and offering choices in decision making with the staff. Additionally, it mentions to notify the Registered Nurse if the resident continues to express feelings of sadness or other concerns. It also indicates the primary care physician was contacted and that therapy would be offered. Per interview with the nurse and the manager on 10/21/25 in the early afternoon, they confirmed that they updated the care plan for Resident #1 after the incident between Resident #1 and the Staff member in question. Per interview with Resident #1 on 10/21/25 at 12:40 PM, they reported that the staff member in question raised their voice at Resident #1 after they became upset that their mail had arrived late. Per interview with the director and nurse on	R360		

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R360	Continued From page 5 10/21/25 at 2:19 PM, they confirmed that they too have concerns toward the staff member in questions behavior with residents and acknowledged that the incident on 9/11/25 occurred, but they were unsure of the date when the staff member had actually yelled at Resident #1.	R360		

Plan of Correction

Facility: Historic Homes of Runnemede – Evarts House

Survey Date: 10/21/2025

Deficiency Regulation	Tag	How other potential residents identified, and corrective action taken	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
All background checks must be rechecked based on facility policy. The policy must include, at a minimum an annual re-check of Vermont criminal and abuse registries, and an annual re-check of all jurisdictions if a staff member has worked or lived in another state since the initial background check was completed and/or does so on a regular basis, and at any time any employee or caregiver notifies the home of a conviction or substantiation. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to perform annual	R215 5.11.e (4) Staff Services	All residents have the potential to be harmed by failure to complete background checks, Human Resources will re-check Vermont criminal and abuse registry checks on an annual basis for all employees, and re-check all jurisdictions if a staff member has worked or lived in another state since the initial background check was completed and/or does so on a regular basis, and at any time any employee or	Human Resources will re-check Vermont criminal and abuse registry checks on an annual basis for all employees, and re-check all jurisdictions if a staff member has worked or lived in another state since the initial background check was completed and/or does so on a regular basis, and at any time any employee or caregiver notifies the home of a conviction or substantiation. Administrator will implement corrected policy	11/30/2025	Process in place to re-check Vermont criminal and abuse registries on indicated basis for all employees.	Human Resources and Administrator will partner to ensure compliance, and conduct annual audit.

Vermont criminal and abuse registry checks for 3 out of 5 sampled employees. Findings include: Per record review of the facility policy titled "Employment Requirements" dated 5/18/20, it does not identify that Vermont Criminal background checks and abuse registries checks should be performed annually. This is not in alignment with the state licensing requirements. Per record review of five employee background checks on 10/21/25, three employees of the facility did not have their Vermont criminal and abuse registry checks performed annually. One staff member's last Vermont criminal background check was completed on 10/18/24 and the last abuse registry checks were on 10/16/24. Another Staff member's		caregiver notifies the home of a conviction or substantiation.	that identifies that Vermont Criminal background checks and abuse registries checks should be performed annually.			

record showed the last Vermont criminal background check was completed on 7/24/18 and their last abuse registry checks were on 7/19/18. A third staff member's record showed their last Vermont criminal background check was completed on 6/14/24 and their last abuse registry checks were on 6/14/24. Per interview with the director on 10/21/25 at 1:43 PM s/he confirmed the background checks should be performed annually, and that s/he has been advocating for them to be done, but the facility has not completed annual background checks or abuse registry checks. Per interview with the director on 10/21/25 at 2:08 PM they confirmed that their policy does not say that the abuse registry checks need to be done annually and they confirmed the 3 staff members were not up to					R215 accepted by LTCM on 11/17/25	

date on their background checks.						
Each home must establish and adhere to a written policy, consistent with these rules, regarding the rights and responsibilities of residents, which must be explained to residents at the time of admission. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to implement a policy relating to staff to resident abuse. Findings include: Per review of the facility policy titled "Policies and Procedures Manual" (no date available), states that "Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation". Per review of the facility policy titled "Abuse and Neglect of Adult Patients" dated 8/13/24, it states that Abuse is	R350 6.2 Resident Rights	All residents have the potential to be harmed by failure to implement policy and procedure relating to staff and resident abuse. Facility will implement policy relating to staff and resident abuse. Facility will implement policy and procedure that explains what the home will do in cases of alleged staff to resident abuse.	Facility will implement policy relating to staff and resident abuse. Facility will implement policy and procedure that explains what the home will do in cases of alleged staff to resident abuse.	11/30/2025	Process in place to implement new policies and procedures.	Administrator will monitor to ensure compliance.

"intentionally subjecting a vulnerable adult to behavior which should reasonably be expected to result in intimidation, fear, humiliation, degradation, agitation, disorientation, or other forms of serious emotional distress. The facility does not have a policy relating to staff to resident abuse, which is not in alignment with state licensing requirements. Additionally, the facility does not have a policy and procedure that explains what the home will do in cases of alleged staff to resident abuse, which doesn't align with state licensing requirements. Per interview on 10/21/25 at 2:45 PM, the manager confirmed that they do not have a policy relating to staff to resident abuse.					R350 accepted by LTCM on 11/17/25	
Residents must be free from mental, verbal or physical abuse, neglect, and exploitation.	R360 6.12 Resident's Rights	Each resident interviewed to assess feelings of safety within the	Staff member in question placed on administrative leave 10/22/2025	11/30/2025	Employee terminated from system to prevent further contact with	Administrator and Nursing Leader will partner to

Residents must also be free from restraints and seclusion as described in Section 5.14. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to protect a resident from verbal abuse from a staff member for 1 of 3 residents (Resident #1). Findings include: Per review of the facility policy titled "Policies and Procedures Manual" (no date available), it states that "Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation". Per review of the facility policy titled "Abuse and Neglect of Adult Patients" dated 8/13/24, it states that Abuse is "intentionally subjecting a vulnerable adult to behavior which should reasonably be expected to result in intimidation,		facility. During interviews, residents educated on Resident Rights, including the right to be free from abuse, neglect, and exploitation, and provided with copy of Resident Rights. Residents educated of the procedure for reporting incidents of abuse, neglect, or exploitation. Any report of feeling unsafe in facility or report of abuse, neglect, or exploitation during interviews to be reported and investigated.	and terminated on 11/6/2025. Facility will educate all employees on abuse and reporting requirements. Facility will implement policy and procedure that explains what the home will do in cases of staff to resident abuse.		residents, not eligible for re-hire. Process in place to educate employees on abuse and reporting requirements. Process in place to implement policies and procedures. R360 accepted by LTCM on 11/17/25	monitor to ensure compliance.

fear, humiliation, degradation, agitation, disorientation, or other forms of serious emotional distress". The facility does not have a policy relating to staff to resident abuse, which is not in alignment with state licensing requirements. Per record review of Resident #1's care plan dated 3/12/25, it identified them as enjoying activities with others, being social, enjoying their tablemates, that they can make their needs known, and had no issues with socializing. Per record review of the facility investigation dated 9/25/25, it indicated that on 9/11/25 a staff member "reported concerns regarding [Staff member in question] and [Resident #1]. The complaint stated that [Resident #1] was observed crying and said [Staff member in						

question] had yelled at him/her. During the interaction [Staff member in question] reportedly stated, "Just because I yelled at you doesn't mean you are not welcome here. I yell at other people and I don't want them to leave". The investigative report also revealed the HHR Director "...confirmed [Resident #1] was feeling upset due to [Staff member in question] having a raised voice". As part of the "After Action Plan" it mentions that this staff member was reassigned to another residential care home temporarily and was "counseled on communication techniques". It additionally states that, "All staff will receive refresher education on abuse reporting requirements". When asked for the education that all staff had completed after this incident of verbal abuse,						

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choices in decision making with the staff. Additionally, it mentions to notify the Registered Nurse if the resident continues to express feelings of sadness or other concerns. It also indicates the primary care physician was contacted and that therapy would be offered. Per interview with the nurse and the manager on 10/21/25 in the early afternoon, they confirmed that they updated the care plan for Resident #1 after the incident between Resident #1 and the Staff member in question. Per interview with Resident #1 on 10/21/25 at 12:40 PM, they reported that the staff member in question raised their voice at Resident #1 after they became upset that their mail had arrived late. Per interview with the director and nurse on 10/21/25 at 2:19 PM, they						

confirmed that they too have concerns toward the staff member in questions behavior with residents and acknowledged that the incident on 9/11/25 occurred, but they were unsure of the date when the staff member had actually yelled at Resident #1.						