VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
www.dlp.vermont.gov

[phone] 802-241-0344
[fax] 802-241-0343

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

May 22, 2026

Laurie Griswold, Manager
Willows Of Windsor
121 State Street
Windsor, VT 05089-1213

Dear Ms. Griswold:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 4, 2026.** 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0044	A. BUILDING: _____ B. WING _____	C 05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWS OF WINDSOR	121 STATE STREET 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 5/04/2026 the Division of Licensing and Protection conducted an unannounced on-site investigation of one complaint. The following deficiences were identified:	R100		
R159 SS=D	5.9.c (2) Nursing Services For each resident requiring a nursing overview, administration of medication, or nursing care, the registered nurse must: Develop a person-centered written plan of care within 14 days after admission, in accordance with the nursing process and professional standards of practice, for each resident that is based on abilities and needs as identified in the resident assessment. The resident, and if the resident chooses, resident representatives such as family or close supports, must be invited and allowed to participate in care planning meetings. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being, and must be revised as the resident?s abilities and needs change This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, there is a failure to ensure a written plan of care is developed within 14 days after admission for one applicable resident. Findings include: On page 10 of the facility's policies and procedures binder, nursing overview is defined as "the overview of care that includes observations,	R159		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Laurie Grusnick — TITLE: Owner/Manager — (X6) DATE: 5/18/26

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0044	A. BUILDING: _____ B. WING _____	C 05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWS OF WINDSOR	121 STATE STREET 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
R159	Continued From page 1 Assessment, goal setting, education of staff, and the development of a treatment/care plan". There is no defined timeframe for the completion of a treatment/care plan. Per record review, Resident #1 was admitted to the facility on 4/07/2026. Upon review of Resident #1's chart the morning of 5/04/2026, it was noted that the treatment/care plan was not included. Per the Registered Nurse of the facility, Resident #1's treatment/care plan was not finalized, therefore, had not been filed in the chart. These findings were acknowledged by the Registered Nurse at 12:20 PM on 5/04/2026.	R159		
R210 SS=F	5.11.c Staff Services The home must provide, or arrange for the provision of, at least twelve (12) hours of training upon hire and each year to each staff person providing direct care to residents. The manager may give credit towards the required 12 hours of training upon hire, for any formal training received in the twelve months preceding the date of hire, provided the home maintains documentation of the training and ensures competency in the subject matter. The training must include, but is *not limited to, the following:* (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;	R210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0044	A. BUILDING: _____ B. WING _____	C 05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWS OF WINDSOR	121 STATE STREET 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
R210	Continued From page 2 (6) Infection control measures, including but not limited to, hand washing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; (7) General supervision and care of residents; (8)Communication strategies, person-centered care, challenging behaviors and understanding dementia; (9) Recognition of and sensitivity to different cultures, belief systems, abilities, gender identities, sexual orientation; and (10) Trauma-informed care. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to ensure required staff training was completed for 2 of 5 sampled staff. Findings include: The facility's 5.11 Staff Services - Effective Date 2/2024 policy is consistent with the licensing rules. On the morning of 5/04/2026, training documentation for 5 sampled staff was reviewed. Review of the documentation provided indicated that 2 direct care staff lacked evidence of completion of required training. These findings were acknowledged by the Manager on the afternoon of 5/04/2026.	R210		
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	R215		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0044	A. BUILDING: _____ B. WING _____	C 05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWS OF WINDSOR	121 STATE STREET 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
R215	Continued From page 3 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 staff interview and record review, there is a failure to ensure the national criminal background checks were completed by the facility as required for 5 out of 5 sampled staff. Findings include: The facility's 5.11 Staff Services - New Hire policy does not discuss the licensing requirement of a national criminal background check for employees. Documentation of criminal and abuse registry checks completed on 5 sampled staff was requested the morning of 5/04/2026. Per review of the documentation provided, the required national criminal background check was not completed by the facility for 5 out of 5 sampled staff. This was confirmed by the Manager of the facility at 11:30 AM on 5/04/2026.	R215		
R451 SS=F	10.2.e Pets Pets, owned by a resident or the home, may reside in the home providing the following conditions are met:	R451		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0044	A. BUILDING: _____ B. WING _____	C 05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWS OF WINDSOR	121 STATE STREET 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
R451	Continued From page 4 Pet health records must be maintained by the home and made available to the public This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review, there is a failure to ensure that health records for a pet owned by the Manager of the facility were maintained and available, as required by state rules. Findings include: The facility's Pet policy is consistent with the licensing rules. Per observation on the morning of 5/04/2026, a dog was observed being brought into the facility by the Manager and later observed to be sitting on a Resident's lap. The dog was confirmed to frequent the facility. Per record review conducted on the morning of 5/04/2026, health records for the pet were requested; however, no health records for the pet were maintained on-site or available for review. This was confirmed by the Manager of the facility at 10:30 AM on 5/04/2026.	R451		

Deficiency Statement Plan of Correction (POC)

Survey Date: 5/4/2026

Facility Name: WILLOWS OF WINDSOR

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
R159	A PLAN OF CARE WAS DEVELOPED AND IS NOW IN RESIDENT'S CHART	ALL RESIDENTS AT WILLOWS OF WINDSOR NOW HAVE CURRENT CAREPLANS.	5/4/2026	THE NURSE WILL, MOVING FORWARD, DEVELOP A PLAN OF CARE WITHIN 2 WEEKS OF RESIDENT ADMISSIONS AND UPDATE EVERY 6 MONTHS AND AS NEEDED.	FACILITY RN R159 Accepted 5/21/2026. Yasmin Alvarado, RN
R210	BOTH EMPLOYEES COMPLETED REQUIRED STATE TRAININGS	ALL EMPLOYEES ARE NOW UP TO DATE WITH TRAININGS	5/5/2026	ALL NEW EMPLOYEES WILL RECEIVE REQUIRED TRAININGS IN THEIR ORIENTATION PACKETS.	FACILITY RN R210 Accepted 5/21/2026. Yasmin Alvarado, RN
R215	ALL EMPLOYEES ARE NOW PENDING RESULTS OF BACKGROUND CHECKS FOR NATIONAL CRIMINAL RECORDS.	RESULTS OF NATIONAL BACKGROUND CHECKS SHOULD BE AVAILABLE BY 5.22.2026 AND WILL BE ADDED TO EMPLOYEE RECORDS	5.18.2026	MOVING FORWARD, ALL NEW HIRES WILL UNDERGO NATIONAL BACKGROUND CHECKS.	OWNER/MANAGER
R215 CONT'D	ALL EMPLOYEES NOW HAVE CURRENT VCIC BACKGROUND CHECKS	N/A N/A	5.14.2026	MOVING FORWARD, ALL NEW HIRES WILL UNDERGO VCIC BACKGROUND CHECKS AND ALL EMPLOYEES WILL BE RE-CHECKED ANNUALLY	OWNER/MANAGER R215 Accepted 5/21/2026. Yasmin Alvarado, RN
R451	ALL CURRENT PAPERWORK FOR DOG, CODY, IS NOW AVAILABLE FOR REVIEW ON-SITE	N/A	5.5.2026	MOVING FORWARD, NO ANIMALS WILL BE PERMITTED ON-SITE WITHOUT REQUIRED HEALTH RECORDS.	OWNER/MANAGER R451 Accepted 5/21/2026. Yasmin Alvarado, RN