



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

June 19, 2023

Rachel Darby, Manager
Battelle House
348 Dewey Street
Bennington, VT 05201-2255

Dear Ms. Darby:

Thank you for the cooperation you gave our surveyor during the annual survey conducted on **June 13, 2023** at your facility.

Enclosed is the Therapeutic Community Residence Survey Statement indicating that your facility is in substantial compliance with the current regulatory requirements. Congratulations to you and your staff.

Please sign and return the Survey Statement no later than **June 29, 2023**

Please contact me at (802) 585-0995 if you have any questions.

Sincerely,

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

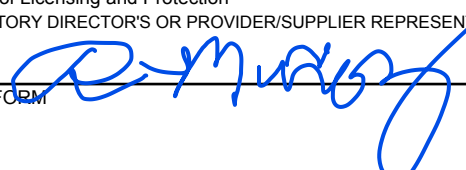
Carolyn Scott, M.S.
State Long-term Care Manager

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0531	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2023
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NAME OF PROVIDER OR SUPPLIER BATTELLE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 348 DEWEY STREET BENNINGTON, VT 05201
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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
T 001	<p>Initial Comments</p> <p>An unannounced onsite re-licensure survey was conducted by the Division of Licensing and Protection on 6/13/2023. There were no regulatory deficiencies identified. The facility was found to be in substantial compliance.</p>	T 001		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  PMHNP-BC	TITLE Program Manager	(X6) DATE 06/19/23
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