

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

September 5, 2019

Hannah Schwartz, Manager Heartbeet Lifesharing 218 Town Farm Road Hardwick, VT 05843-9885

Dear Ms. Schwartz:

Thank you for the cooperation you gave our surveyor during the annual survey conducted on **September 4, 2019** 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 September 15, 2019

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,

Pamela Cota, RN Licensing Chief

famila McotaRN

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: CO	MTE SURVEY MPLETEO 9/04/2019	
	9/04/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
HEARTBEET LIFESHARING 218 TOWN FARM ROAD HARDWICK, VT 05843		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
T 001 Initial Comments T 001		
An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection on 9/4/19. No regulatory violations were identified for the Therapeutic Community Residence.		
	i	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE