

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 <u>http://www.dail.vermont.gov</u> Survey and Certification Voice/TTY (802) 241-0480 To Report Adult Abuse: (800) 564-1612 Survey and Certification Fax (802) 241-0343 Survey and Certification Reporting Line: (888) 700-5330

January 29, 2020

Cindy Gorton, Manager St Joseph Kervick Residence Iii 131 Convent Avenue Rutland, VT 05701

Dear Ms. Gorton:

The Division of Licensing and Protection completed a complaint investigation at your facility on **January 27, 2020**. The purpose of the investigation was to determine if your facility was in compliance with Residential Care Home Licensing Regulations. There were no regulatory violations as a result of this investigation.

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

Sincerely,

Jamela McotaRN

Pamela Cota, RN Licensing Chief

PRINTED: 01/29/2020 FORM APPROVED

| ivision | of | licensing | and | Protection |
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| | NT OF DEFICIENCIES OF CORRECTION | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | |
|--------------------------|---|--|--|---|-------------------|--|
| 0298 | | | B. WING | C 01/27/2020 | | |
| | PROVIDER OR SUPPLIER | ENCE III 131 CON | DDRESS, CITY, S VENT AVENU D, VT 05701 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY) | HOULD BE COMPLETE | |
| R100 Initial Comments: | | | | | - | |
| | complaint was con Licensing and Prot | n-site investigation of a ducted by the Division of ection on 01/27/20. There violations identified as a result | | | | |
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