



AGENCY OF HUMAN SERVICES
Division of Licensing and Protection
HC 2 South, 280 State Drive

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Waterbury VT 05671-2060

<http://www.dail.vermont.gov>

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

December 2, 2019

Ms. Jodi Egger, Manager
The Village At White River Junction
101 Currier Street
White River Junction, VT 05001

Dear Ms. Egger:

The Division of Licensing and Protection completed a complaint investigation at your facility on **November 25, 2019**. The purpose of the investigation was to determine if your facility was in compliance with Assisted Living Residence 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,

A handwritten signature in cursive script that reads "Pamela Cota RN".

Pamela Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0660	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/25/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE VILLAGE AT WHITE RIVER JUNCTION

101 CURRIER STREET
WHITE RIVER JUNCTION, VT 05001

(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
A 001	<p>VI Initial Comments</p> <p>An unannounced complaint investigation was conducted by the Division of Licensing and Protection on 11/25/19. The facility was in substantial compliance surrounding the complaints.</p> <p>Per phone conversation with the complainant, she did not have anything she wanted to add. She did say that there were choices on the menu options but stated they were always the same things. She provided me with her current address and asked to receive notification when the investigation was completed.</p>	A 001		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE