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

March 20, 2018

Mr. Vincent Jewell, Ascutney House 5157 Us Route 5, PO Box 250 Ascutney, VT 05030-0250

Dear Mr. Jewell:

This letter is to follow up regarding the results of the Informal Dispute Review (IDR) conducted by this office. You requested an IDR following a survey conducted by staff of this office that resulted in a determination of a deficiency at R179. Based on a review of the additional information provided, the deficiency will be removed.

Attached is a revised statement of deficiencies

Please sign the bottom of the first page and send it back to us.

Sincerely,

Pamela M. Cota, RN, BS

PamelamcotaRN

Licensing Chief

Enclosure



Division	of Licensing and Pro				(V2) DATE CURVEY
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A, BUILDING:	91		
					20/00/2010
		0602	B. WING		03/09/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRES				TATE, ZIP CODE	
5157 US ROUTE 5, PO BOX 250					
ASCUTNEY HOUSE ASCUTNEY, VT 05030					
(X4) ID	X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD	
PREFIX	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX TAG	CROSS-REFERENCED TO THE APPRO	LD BE COMPLETE DATE DATE
TAG	REGULATORT ON E		.,,,	DEFICIENCY)	
D400	Initial Carrier and		R100	۸	
K100	R100 Initial Comments:		11100		
The Division of Licensing and Protection					
	conducted an unannounced, onsite re-licensing survey on March 9, 2018. The facility was found				
	to be in substantial	compliance.			
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Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE