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

To Report Adult Abuse: (800) 564-1612

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

August 2, 2021

Michele Sargent, Manager Brookwood 2 School Street North Springfield, VT 05150

Dear Ms. Sargent:

The Division of Licensing and Protection completed a complaint investigation at your facility on **July 27**, **2021**. 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,

Pamela Cota, RN

Jamela M CotaRN

Licensing Chief

Division of Licensing and Protection

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|---|---|--|--|--|--|--------|
| | | | 7. 55.25Ne. | | c | |
| | | 0115 | B. WING | | 1 | 7/2021 |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | |
| BROOKWOOD 2 SCHOOL STREET NORTH SPRINGFIELD, VT 05150 | | | | | | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) | | | | | | |
| PREFIX TAG | (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | PREFIX TAG | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | TION SHOULD BE COMPLETE THE APPROPRIATE DATE | |
| R100 | Initial Comments: | | R100 | | | |
| | An unannounced on-was conducted on 7/2 | site complaint investigation 27/2021 by the Division of tion. As a result of the atory violations were | | | | |
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Division of Licensing and Protection

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

(X6) DATE TITLE