

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

May 24, 2018

Morgan Bovat, Manager Brownway Residence 328 School Street Enosburg Falls, VT 05450-5500

Dear Ms. Bovat:

The Division of Licensing and Protection completed a complaint investigation at your facility on **May 22, 2018**. 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,

amlaMCHaRN

Pamela Cota, RN Licensing Chief



PRINTED: 05/24/2018 FORM APPROVED

Division of Licensing and Pr				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
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<u> </u>	0118	B. WING		05/22/2018
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRES <mark>S, C</mark> ITY, S	TATE, ZIP CODE	
BROWNWAY RESIDENCE 328 SCHOOL STREET ENOSBURG FALLS, VT 05450				
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	LD BE COMPLETE
R100 Initial Comments:		R100		
reports and two co Division of Licensir 5/21-22/18. The fa compliance with Le	nsite investigation of four self mplaints was completed by the ng and Protection from cility was found in substantial evel 3 regulations related to all eports and complaints.			• • •
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Division of Licensing and Protection ABORATORY DIRECTDR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE	(X6) DATE