



HUMAN SERVICES

AGENCY OF

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

August 21, 2023

William Brown, Manager
Confluence Behavioral Health
1646 Gove Hill Road
Thetford Center, VT 05075

Dear Mr. Brown:

Thank you for the cooperation you gave our surveyor during the annual re-licensure survey conducted on **August 2, 2023, through August 4, 2023** at your facility.

Enclosed is the Therapeutic Community Residence Survey Statement indicating that your facility is in substantial compliance with the current regulatory requirements. Congratulations to you and your staff.

Please contact me at (802) 585-0995 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott".

Carolyn Scott, LMHC, M.S.
State Long Term Care Manager

Disability and Aging Services	Blind and
Licensing and Protection	Vocational
Rehabilitation	
Visually Impaired	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0654	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/02/2023
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NAME OF PROVIDER OR SUPPLIER CONFLUENCE BEHAVIORAL HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 1646 GOVE HILL ROAD THETFORD CENTER, VT 05075
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(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
T 001	<p>Initial Comments</p> <p>An unannounced on-site re-licensure survey in conjunction with a facility self report was conducted by the Division of Licensing and Protection on 8/02/2023 and completed on 8/04/2023. There were no regulatory violations identified. The facility was found to be in Substantial Compliance.</p>	T 001		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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