



**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

June 13, 2019

Ms. Joyce Touchette, Manager  
Converse Home  
272 Church Street  
Burlington, VT 05401-4695

Dear Ms. Touchette:

The Division of Licensing and Protection completed a complaint investigation at your facility on **June 11, 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 black ink 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:  <b>1010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/11/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CONVERSE HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>272 CHURCH STREET BURLINGTON, VT 05401</b>
--	--

(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 VI Initial Comments	<p>The Division of Licensing and Protection conducted an unannounced onsite complaint investigation on 6/11/19. There were no regulatory violations as a result.</p>	A 001		
---------------------------	--	-------	--	--

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