



**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.dlp.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

June 1, 2021

Mary Mougey, Manager  
Ethan Allen Residence  
1200 North Avenue  
Burlington, VT 05408-2777

Dear Ms. Mougey:

The Division received a request for an informal review of the citation from the April 12, 2021 complaint investigation. The review was conducted on May 17, 2021 and the result was the removal of the citation around staff training, and there were no other citations from this date. Please see the attached official survey result from that investigation reflecting the removal of the disputed citation.

Appeals:

You may appeal this determination to the Commissioner of Disabilities, Aging and Independent Living within fifteen (15) days of the date of this notice by calling (802) 241-0353 and requesting an appeal.

If you are dissatisfied with the decision made by the Commissioner, you would also be entitled to request a fair hearing, by contacting the Human Services Board at 14-16 Baldwin Street, Montpelier, VT 05633-4302 or by calling the Board at (802) 828-2536. You have a right to appear before the Board and to present witnesses and other evidence with regard to your case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN, BS  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/12/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ETHAN ALLEN RESIDENCE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1200 NORTH AVENUE BURLINGTON, VT 05408</b>
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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
R100	<p>Initial Comments:</p> <p>The Division of Licensing and Protection conducted unannounced onsite investigations of 3 complaints on 4/12/21. The facility was found to be in substantial compliance with regulatory requirements.</p>	R100		

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