



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

Survey and Certification Fax (802) 241-0343

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

To Report Adult Abuse: (800) 564-1612

February 7, 2024

Tina Fede, Manager
Gatling House Group Home
United Counseling Service, Po Box 588
Bennington, VT 05201

Dear Ms. Fede:

Thank you for the cooperation you gave our surveyor during the **January 24, 2024** annual survey of your facility.

Enclosed is the Residential Care Home Survey Statement indicating that your facility is in substantial compliance with the current regulatory requirements. Congratulations to you and your staff.

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, appearing to read "Carolyn Scott".

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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0535	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2024
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GATLING HOUSE GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE UNITED COUNSELING SERVICE, PO BOX 588 BENNINGTON, VT 05201
---	--

(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>An unannounced on site re-licensure survey was conducted by the Division of Licensing and Protection on 1/24/24. 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
---	-------	-----------