



**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

September 7, 2022

Lisa Charbonneau, Manager  
Lenny Burke's Farm, Inc.  
Po Box 75  
Wallingford, VT 05773

Dear Ms. Charbonneau:

Thank you for the cooperation you gave our surveyor during the **April 27, 2022** 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 cursive script 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>0061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/27/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LENNY BURKE'S FARM, INC.</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>PO BOX 75</b> <b>WALLINGFORD, VT 05773</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>An unannounced onsite relicensure survey was conducted by the Division of Licensing and Protection on 4/27/2022. There were no regulatory deficiencies cited as a result of the survey.</p>	R100		

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