



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

August 20, 2021

Ms. Cathy Williams, Manager
Mansfield Place
18 Carmichael Street
Essex Junction, VT 05452-3170

Dear Ms. Williams:

The Division of Licensing and Protection completed a complaint investigation at your facility on **August 11, 2021**. 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,

PamelaMcotaRN

Pamela Cota, RN
Licensing Chief

Division of Licensing and Protection

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1011 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 08/11/2021 |
| NAME OF PROVIDER OR SUPPLIER MANSFIELD PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 18 CARMICHAEL STREET ESSEX JUNCTION, VT 05452 | | |
| (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 | <p>VI Initial Comments</p> <p>An unannounced investigation of two complaints was conducted on 8/11/2021 by the Division of Licensing and Protection. There were no regulatory deficiencies identified as a result of the investigation.</p> | A 001 | | |

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE