



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, DIVISION OF LICENSING AND PROTECTION, AGING AND INDEPENDENT LIVING

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 6, 2019

Mr. Zachary Shephard, Manager
Margaret Pratt Community
210 Plateau Acres
Bradford, VT 05033

Dear Mr. Shephard:

The Division of Licensing and Protection completed a complaint investigation at your facility on **June 5, 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 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: 0659	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/05/2019
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NAME OF PROVIDER OR SUPPLIER MARGARET PRATT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 210 PLATEAU ACRES BRADFORD, VT 05033
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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
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A 001	VI Initial Comments An unannounced onsite re-licensing survey with one complaint investigation was completed by the Division of Licensing and Protection from 6/4-5/19. The facility was found in substantial regulatory compliance for both the re-certification survey and allegations of the complaint.	A 001		
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Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE