

Division of Licensing and Protection

11C 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

June 28, 2018

Michelle Lavallee, Manager
Middlesex Therapeutic Community Residence
1076 Us Route 2
Montpelier, VT 05602-8840


Dear Ms. Lavallee:

The Division of Licensing and Protection completed a complaint investigation at your facility on **June 26, 2018**. The purpose of the investigation was to determine if your facility was in compliance with Therapeutic Community Residences Licensing Regulations. There were no regulatory deficiencies as a result of this investigation.

Please sign and return the Survey Statement no later than **July 8, 2018**

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,



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: 0610 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 06/26/2018 |
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| NAME OF PROVIDER OR SUPPLIER MIDDLESEX THERAPEUTIC COMMUNITY RES | STREET ADDRESS, CITY, STATE, ZIP CODE 1076 US ROUTE 2 MONTPELIER, VT 05602 |
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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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| T 001 | <p>Initial Comments</p> <p>An unannounced on-site complaint investigation of 2 facility self-reports was conducted by the Division of Licensing and Protection on 6/25/18 and 6/26/18. No regulatory violations were identified.</p> | T 001 | | |
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| Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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