



**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 12, 2024

Cathryn Belanger, Manager  
Next Door  
Mailing - 300 Flynn Ave  
Burlington, VT 05401-4924

Dear Ms. Belanger:

The Division of Licensing and Protection completed a complaint investigation at your facility on **July 29, 2024**. The purpose of the investigation was to determine if your facility was in compliance with TCR 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) 585-0995.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott", written over a light blue horizontal line.

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:  <b>0530</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/29/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEXT DOOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>MAILING - 300 FLYNN AVE BURLINGTON, VT 05401</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
T 001	<p><b>Initial Comments</b></p> <p>An unannounced onsite investigation of a Facility reported incident was conducted by the Division of Licensing and Protection. The TCR was found to be in substantial compliance with regulatory requirements.</p>	T 001		

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