

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 <u>http://www.dail.vermont.gov</u> 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

December 11, 2023

Kathleen Michaels, Manager Our Lady Of Providence 47 West Spring Street Winooski, VT 05404-1397

Dear Ms. Michaels:

The Division of Licensing and Protection completed a complaint investigation at your facility on **December 4**, **2023**. The purpose of the investigation was to determine if your facility was in compliance with Residential Care Home 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,

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: 0198						(3) DATE SURVEY COMPLETED	
			A. BUILDING:			C 12/04/2023	
		0198			12		
IAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE, 2	ZIP CODE			
OUR LAD	Y OF PROVIDENCE		T SPRING STREET SKI, VT 05404				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	ACTION SHOULD BE COMPLETE TO THE APPROPRIATE DATE		
R100	Initial Comments:		R100				
	investigation of one of	d an unannounced on-site compliant. There were no es identified during the					

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