

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

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line (888) 700-5330

To Report Adult Abuse: (800) 564-1612

April 18, 2018

Ms. Amy Quaglietta, Manager
Pennington House
1822 North Ave
Burlington, VT 05408-1303

Provider ID #: 0607

Dear Ms. Quaglietta:

The Division of Licensing and Protection completed a re-licensing survey and an investigation at your facility on **April 17, 2018**. The purpose of the survey was to determine if your facility was in compliance with Federal participation requirements for nursing homes participating in the Medicare/Medicaid programs. This survey found that your facility was in substantial compliance with the participation requirements.

Congratulations to you and your staff.

Please sign the enclosed CMS 2567 and return to this office by **April 28, 2018**.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0607	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY CDMPLETED 04/17/2018
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NAME OF PROVIDER OR SUPPLIER PENNINGTON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1822 NORTH AVE BURLINGTON, VT 05408
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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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R100	Initial Comments: An unannounced onsite re-licensing survey and the investigation of two entity self reports was completed by the Division of Licensing and Protection on 4/17/18. No regulatory violations were identified.	R100		
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Division of Licensing and Protection LABORATORY DIRECTOR'S DR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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