

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

April 15, 2021

Stephanie Sweet, Manager Residential Care At The Manor 577 Washington Highway Morrisville, VT 05661-8972

Dear Ms. Sweet:

The Division of Licensing and Protection completed a complaint investigation at your facility on **April 7**, **2021**. 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) 241-0480.

Sincerely,

Pamila McotaRN

Pamela Cota, RN Licensing Chief

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING ADDRESS, CITY, STATE, ZIP CODE		(X3) DATE SURVEY COMPLETED C	
		0070				
					02	04/07/2021
	ROVIDER OR SUPPLIER	577 WAS	SHINGTON HIGHW			
ESIDENT	IAL CARE AT THE MAN	NOR	VILLE, VT 05661			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	E ACTION SHOULD BE COMPLETE	
R100	Initial Comments:		R100			
	was conducted by th	site complaint investigation e Division of Licensing and 21. There were no regulatory				
sion of Lice	nsing and Protection					(X6) DATE

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