

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

May 2, 2018

Adelit Rukomangana, Manager  
Second Spring North  
1071 Vt Route 15  
Underhill, VT 05489-9341

Provider #:

Dear Mr. Rukomangana:

The Division of Licensing and Protection conducted an onsite complaint investigation on **April 30, 2018**. The purpose of the investigation was to determine if your facility was in compliance with Federal participation requirements of the Medicare/Medicaid Program. The investigation was completed on **April 30, 2018** and there were no regulatory violations related to the complaint allegations.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

Enclosure



Division of Licensing and Protection

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>0611</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>04/30/2018</b> |
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|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SECOND SPRING NORTH</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1071 VT ROUTE 15<br/>UNDERHILL, VT 05489</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 |
|--------------------|--|---------------|---|--------------------|
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| R100 | <p>Initial Comments:</p> <p>An unannounced onsite re-licensing survey with investigation of one complaint was completed by the Division of Licensing and Protection on 4/30/18. There were no regulatory findings related to allegations in the complaint. The facility was found in substantial compliance with Residential Care Home regulations for the re-licensing survey.</p> | R100 |  |  |
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| Division of Licensing and Protection<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|-------|-----------|