



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

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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

March 2, 2023

Adelit Rukomangana, Manager  
Second Spring North  
Po Box 69  
Montpelier, VT 05601

Dear Mr. Rukomangana:

The Division of Licensing and Protection completed a re-licensure survey at your facility on **February 27, 2023**. The purpose of the survey 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 survey.

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Cota RN".

Pamela Cota, RN  
Licensing Chief

Attachment:

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0611</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/27/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SECOND SPRING NORTH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1071 VT ROUTE 15 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
R100	<p>Initial Comments:</p> <p>The Division of Licensing and Protection conducted an unannounced onsite re-licensing survey on 2/27/23. There were no regulatory deficiencies as a result.</p>	R100		

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