

## **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

February 4, 2022

Kristie Daigneault, Manager St Joseph's Residential Care Home 243 North Prospect Street Burlington, VT 05401-1609

Dear Ms. Daigneault:

The Division of Licensing and Protection completed a complaint investigation at your facility on **February 1**, **2022**. 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

Division of Licensing and Protection						
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
					с	
		0155	B. WING		02/01/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADD						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE   243 NORTH PROSPECT STREET						
ST JOSEPH'S RESIDENTIAL CARE HOME BURLINGTON, VT 05401						
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
R100	100 Initial Comments:		R100			
	The Division of Licens	sing and Protection bunced onsite complaint 2. There were no regulatory				
Division of Lice	ensing and Protection		1	1		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE						