



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, 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

October 14, 2020

Amanda Hudak, Manager  
Valley Vista Vergennes  
1 Alden Place  
Vergennes, VT 05491

Dear Ms. Hudak:

The Division of Licensing and Protection completed a complaint investigation at your facility on **September 30, 2020**. The purpose of the investigation was to determine if your facility was in compliance with Therapeutic Community Residences 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,

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

Pamela Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0655</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/30/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>VALLEY VISTA VERGENNES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1 ALDEN PLACE</b> <b>VERGENNES, VT 05491</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
T 001	<p><b>INITIAL COMMENTS</b></p> <p>The Division of Licensing and Protection conducted an unannounced on site complaint investigation on 9/28/20. The investigation was completed offsite on 9/30/20. There are no regulatory violations as a result.</p>	T 001		

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