VERMONT

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
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

February 20, 2024

Kathleen Lowell, Manager
Valley Vista Vergennes
1 Alden Place
Vergennes, VT 05491

Dear Ms. Lowell:

The Division of Licensing and Protection completed a complaint investigation at your facility on **February 7, 2024**. 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,

Carolyn Scott, LMHC
State Long-Term Care Manager

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **0655**	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED **C** **02/07/2024**

NAME OF PROVIDER OR SUPPLIER **VALLEY VISTA VERGENNES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1 ALDEN PLACE** **VERGENNES, VT 05491**

(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	Initial Comments An unannounced, on-site complaint investigation was conducted by the Division of Licensing and Protection on 2/07/24 to determine compliance with the Vermont Therapeutic Community Residences (TCR) Licensing Regulations effective 3/1/22. There were no regulatory violations identified and the facility was found to be in substantial compliance.	T 001		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE