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**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

To Report Adult Abuse: (800) 564-1612

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

November 3, 2020

Tonia Trask, Manager  
Wintergreen Residential Care - North  
360 New Road  
Brandon, VT 05733

Dear Ms. Trask:

The Division of Licensing and Protection completed a complaint investigation at your facility on **November 2, 2020**. 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,



Pamela Cota, RN  
Licensing Chief

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>0619</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>11/02/2020</b> |
|--|---|---|---|

|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WINTERGREEN RESIDENTIAL CARE - NORTH</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>360 NEW ROAD</b><br><b>BRANDON, VT 05733</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>An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 11/2/2020. The facility was found to be in substantial compliance during this investigation.</p> | R100          |   |                    |

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