

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

May 16, 2016

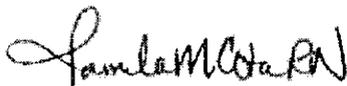
Kaysie Breer, Manager
Mayo Residential Care
610 Water Street
Northfield, VT 05663-5640

Dear Ms. Breer:

The Division of Licensing and Protection completed a complaint investigation at your facility on **May 2, 2016**. 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 CORRECTIDN | (X1) PRDVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0199 | (X2) MULTIPLE CDNSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 05/02/2016 |
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|--|---|
| NAME OF PROVIDER OR SUPPLIER MAYO RESIDENTIAL CARE | STREET ADDRESS, CITY, STATE, ZIP CODE 610 WATER STREET NORTHFIELD, VT 05663 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATIDN) | ID PREFIX TAG | PROVIDER'S PLAN OF CDRRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| R100 | Initial Comments: The Division of Licensing and Protection conducted an unannounced investigation of two facility self reports on 5/2/16. There were no regulatory violations identified. | R100 | | |
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| Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|-------|-----------|