

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

May 6, 2013

Sarah Davenport, Administrator  
Twin Maples Community Care Home  
612 Gage Street  
Bennington, VT 05201

Provider #:

Dear Ms. Davenport:

The Division of Licensing and Protection conducted an onsite complaint investigation on **May 1, 2013**. The purpose of the investigation was to determine if your facility was in compliance with Federal participation requirements of the Medicare/Medicaid Program. The investigation was completed on **May 1, 2013** and there were no regulatory violations related to the complaint allegations.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

PC:jl

Enclosure



Division of Licensing and Protection

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                           |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>0100</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____   |                    | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>05/01/2013</b> |
|--|--|---|---|--------------------|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>TWIN MAPLES COMMUNITY CARE HOME</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>612 GAGE STREET<br/>BENNINGTON, VT 05201</b>                        |                    |   |
| (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   | Initial Comments:<br><br>An unannounced on-site complaint investigation was conducted on 5/1/13 by the Division of Licensing and Protection. There were no regulatory deficiencies identified. | R100  |   |                    |   |

Division of Licensing and Protection

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE