

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

September 28, 2011

Philip and Linda Gingras, Administrators
Gingras Community Care Home
24 Averill Street
Barre VT 05641

Dear Mr. & Mrs. Gingras:

The Division of Licensing and Protection completed an unannounced, onsite re-licensing survey at your facility on **September 12, 2011**. The purpose of the survey was to determine if your facility was in compliance with State Residential Care Home Licensing Regulations. Congratulations to you and your staff, there were no regulatory violations as a result.

If you have any questions regarding this, please feel free to contact this office at (802) 241-2345.

Sincerely,



Pamela Cota, RN, BS
Licensing Chief

PC:jl



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2011
NAME OF PROVIDER OR SUPPLIER GINGRAS COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 24 AVERILL STREET BARRE, VT 05641		
(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: An unannounced, on-site re-licensing survey was completed by the Division of Licensing and Protection on 9/12/11. There were no regulatory findings as a result.	R100		

Division of Licensing and Protection

TITLE

(X6) DATE

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