

Division of Licensing and Protection

103 South Main Street

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

December 30, 2015

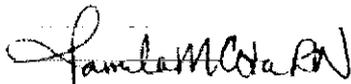
Mary Johnson, Manager
Johnson Care Home
Po Box 190
Hancock, VT 05748

Dear Ms. Johnson:

The Division of Licensing and Protection completed a complaint investigation at your facility on **December 28, 2015**. 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) 871-3317.

Sincerely,



Pamela Cota, RN
Licensing Chief

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0170	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY CDMPLETED C 12/28/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER JOHNSON CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 190 HANCOCK, VT 05748
--	--

(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 CRDSS-REFERENCED TO THE APPRDPRATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	--	--------------------

R100	Initial Comments: An unannounced on-site complaint investigation was conducted on 12/28/15 by the Division of Licensing and Protection. There were no regulatory violations as a result of the review.	R100		
------	---	------	--	--

Division of Licensing and Protection LABDRATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------