

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

May 27, 2015

Ms. Shannon Perry, Administrator
LCMH Johnson Group Home
PO Box 406
Johnson, VT 05656-0406

Dear Ms. Perry:

The Division of Licensing and Protection completed a complaint investigation at your facility on **May 26, 2015**. The purpose of the investigation was to determine if your facility was in compliance with Therapeutic Community Residences Licensing Regulations. There were no regulatory deficiencies as a result of this investigation.

Please sign and return the Survey Statement no later than **June 6, 2015**

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



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0518	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/26/2015
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NAME OF PROVIDER OR SUPPLIER LCMH JOHNSON GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 406 JOHNSON, VT 05656
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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
T 001 SS=A	Initial Comments An unannounced self report investigation was conducted by the Division of Licensing and Protection on 05/26/15. There are no regulatory findings for the Therapeutic Community Residence.	T 001		

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