VERMONT

**Department of Disabilities, Aging and Independent Living**
**Division of Licensing and Protection**
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
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*AGENCY OF HUMAN SERVICES*

Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

May 21, 2025

Cheryl Jacobs, Manager
Second Spring South
Po Box 320
Richmond, VT 05477

Dear Ms. Jacobs:

On **May 21, 2025**, we conducted a revisit to the survey of **April 7, 2025** to verify that your facility had achieved substantial compliance. Based on our revisit, we found that your facility has corrected all violations cited at the time of this survey.

If you have any questions regarding this report, please feel free to contact this office at (802) 585-0995.

Sincerely,

Carolyn Scott, LMHC, M.S.
State long Term Care Manager

Division of Licensing and Protection

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0386 | A. BUILDING: _____ B. WING _____ | R-C 05/21/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SECOND SPRING SOUTH | PO BOX 320 RICHMOND, VT 05477 |

| (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>On May 21, 2025, the Division of Licensing and Protection conducted an unannounced on-site follow-up visit in response to a prior complaint investigation that resulted in a harm-level deficiency on April 7, 2025. The following regulatory violation was identified to be back in compliance with the Vermont Residential Care Home and Assisted Living Licensing Rules. | {R100} | | |

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