VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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AGENCY OF HUMAN SERVICES

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October 28, 2025

Maureen Ellison, Manager
Mansfield Place
18 Carmichael Street
Essex Junction, VT 05452-3170

Dear Ms. Ellison:

The Division of Licensing and Protection completed a complaint investigation at your facility on **October 22, 2025**. The purpose of the investigation was to determine if your facility was in compliance with Vermont Residential Care Home and Assisted Living Residence Licensing Rules. 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) 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
	1011	A. BUILDING: _____ B. WING _____	C 10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANSFIELD PLACE	**18 CARMICHAEL STREET ESSEX JUNCTION, VT 05452**

(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 onsite investigation of 1 complaint and 2 facility reported incidents were conducted by the Division of Licensing and Protection on 10/22/25. There were no regulatory deficiencies were identified as a result.	R100		

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