



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

January 26, 2026

Ms. Teresa Isabelle, Administrator
Mountain View Center Genesis Healthcare
9 Haywood Avenue
Rutland, VT 05701

Provider ID #: 475012

Dear Ms. Isabelle:

On **January 26, 2026**, an offsite revisit was conducted to the Life Safety Code Federal Monitoring survey of **August 7, 2025**, to verify that your facility had achieved substantial compliance. Based on our revisit, we found that your facility is in substantial compliance with participation requirements found in Title 42, Code of Federal Regulations as of **November 28, 2025**.

If you have any questions concerning this letter, please contact me at (802) 241-0480.

Sincerely,

A handwritten signature in cursive script that reads "tammy wehmeyer".

Tammy Wehmeyer
Administrative Services Manager

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475012		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 0... B. WING		(X3) DATE SURVEY COMPLETED 01/26/2026	
NAME OF PROVIDER OR SUPPLIER Mountain View Center Genesis Healthcare				STREET ADDRESS, CITY, STATE, ZIP CODE 9 Haywood Avenue , Rutland, Vermont, 05701			
(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) COMPLETION DATE
K0000 Bldg. 01	INITIAL COMMENTS An offsite revisit survey was conducted on January 26, 2026, to the Life Safety Code Federal Monitoring Survey of August 7, 2025. The violations(s) previously identified have been corrected.			K0000			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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