

Division of Licensing and Protection
103 South Main Street, Ladd Hall
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

July 8, 2013

Carol Ann Cunningham, Administrator
Merten's House
73 River Street
Woodstock, VT 05091

Provider #:

Dear Ms. Cunningham:

The Division of Licensing and Protection conducted an onsite complaint investigation on **July 3, 2013**. The purpose of the investigation was to determine if your facility was in compliance with State Nursing Home Regulations. The investigation was completed on **July 3, 2013** and there were no regulatory violations related to the complaint allegations.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 47S002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/03/2013
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NAME OF PROVIDER OR SUPPLIER MERTEN'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 73 RIVER STREET WOODSTOCK, VT 05091
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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
N 001	<p>Initial Comments</p> <p>An unannounced onsite complaint investigation was completed by the Division of Licensing and Protection on 7/3/13. No regulatory violations were cited related to the allegations.</p>	N 001		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE