



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

September 18, 2014

Ms. Carol Ann Cunningham, Administrator  
Merten's House  
73 River Street  
Woodstock, VT 05091-1265

Provider ID #:

Dear Ms. Cunningham:

The Division of Licensing and Protection completed a survey at your facility on **September 16, 2014**. The purpose of the survey was to determine if your facility was in compliance with State Licensing and Operating Rules for Nursing Homes. This survey found that your facility was in substantial compliance with the participation requirements. Congratulations to you and your staff.

Please **sign the enclosed CMS 2567 and return** to this office by **September 28, 2014**.

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:  <b>47S002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/16/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MERTEN'S HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>73 RIVER STREET WOODSTOCK, VT 05091</b>
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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><b>Initial Comments</b></p> <p>The Division of Licensing and Protection conducted an annual re-licensing survey on 9/16/14. There were no regulatory deficiencies as a result.</p>	N 001		

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