

## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street

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

January 14, 2015

Mr. Peter Olson, Administrator  
Vernon Assisted Living Residence  
13 Greenway Drive  
Vernon, VT 05354

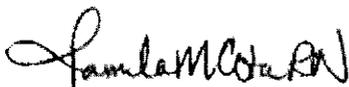
Dear Mr. Olson:

Thank you for the cooperation you gave our surveyor during the **January 12, 2015** annual survey of your facility.

Enclosed is the Assisted Living Survey Statement indicating that your facility is in substantial compliance with the current regulatory requirements. Congratulations to you and your staff.

If you have any questions regarding this report, please feel free to contact this office at (802) 871-3317.

Sincerely,



Pamela Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/12/2015
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NAME OF PROVIDER OR SUPPLIER  VERNON ASSISTED LIVING RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 13 GREENWAY DRIVE VERNON, VT 05354
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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
A 001	<p>VI Initial Comments</p> <p>The Division of Licensing and Protection conducted an onsite unannounced re-licensing survey on 1/12/15. There were no regulatory deficiencies cited as a result.</p>	A 001		

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