



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) 241-2345

To Report Adult Abuse: (800) 564-1612

Fax (802) 241-2358

October 14, 2011

Mr. William Spalding, Administrator  
Pillsbury Manor - South  
20 Harbor View Road  
South Burlington, VT 05403

Provider ID #:

Dear Mr. Spalding:

The Division of Licensing and Protection completed a survey at your facility on **September 22, 2011**. The purpose of the survey was to determine if your facility was in compliance with State Residential Care Home Licensing Regulations. This survey found that your facility was in substantial compliance with the participation requirements. Congratulations to you and your staff.

If you have any questions regarding this, please feel free to contact this office at (802) 241-2345.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota".

Pamela M. Cota, RN, BS  
Licensing Chief

PC:jl

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0149</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/22/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>PILLSBURY MANOR - SOUTH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>20 HARBOR VIEW ROAD SOUTH BURLINGTON, VT 05403</b>		
(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, on-site re-licensing survey was completed by the Division of Licensing and Protection on 9/22/11. There were no regulatory findings as a result.	R100		

Division of Licensing and Protection

TITLE

(X6) DATE

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

STATE FORM

6899

KIXZ11

If continuation sheet 1 of 1