

January 6, 2011

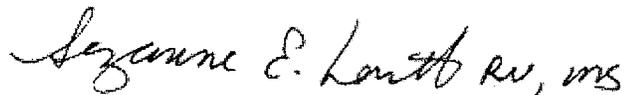
Ms. Teresa Merrill, Administrator  
Squier House  
26 Union Street  
Waterbury, VT 05676

Dear Ms. Merrill:

The Division of Licensing and Protection completed a licensing survey and complaint investigation at your facility on **January 5, 2011**. The purpose of the investigation was to determine if your facility was in compliance with Residential Care Home Licensing Regulations. There were no regulatory violations as a result of this investigation.

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

Sincerely,



Suzanne Leavitt, RN, MS  
Assistant Director



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0154</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/05/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>SQUIER HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>26 UNION STREET WATERBURY, VT 05676</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 licensing survey and complaint investigation were conducted on 1/5/11 by the Division of Licensing and Protection. The facility was found to be in compliance with the Vermont Residential Care Home Licensing regulations.	R100		

Division of Licensing and Protection

TITLE

(X6) DATE

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