

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

July 28, 2015

Ms. Nancy Bourne, Administrator  
Sterling House At Rockingham  
33 Atkinson Street  
Bellows Falls, VT 05101-1502

Dear Ms. Bourne:

The Division of Licensing and Protection completed a complaint investigation at your facility on **July 27, 2015**. 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) 871-3317.

Sincerely,



Pamela Cota, RN  
Licensing Chief

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0609</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/27/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>STERLING HOUSE AT ROCKINGHAM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>33 ATKINSON STREET BELLOWS FALLS, VT 05101</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
R100	<p>Initial Comments:</p> <p>An unannounced onsite complaint investigation was completed by the Division of Licensing and Protection on 7/27/15. There were no regulatory findings as a result of the review.</p>	R100		

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