

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

December 26, 2012

Mr. Willem Leenman, Administrator
47 Main Street
Po Box 38, 706 Main Street
Castleton, VT 05735-0038

Dear Mr. Leenman:

Thank you for the cooperation you gave our surveyor during the unannounced onsite re-licensure survey conducted on **December 18, 2012** at your facility.

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

Please sign and return the Survey Statement no later than **January 5, 2013**

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

PC:jl



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0502	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2012
NAME OF PROVIDER OR SUPPLIER 47 MAIN STREET		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 38, 706 MAIN STREET CASTLETON, VT 05735		
(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
T 001	INITIAL COMMENTS An unannounced onsite re-licensure survey was conducted on 12/18/12 to determine regulatory compliance with the Therapeutic Community Residence Licensing Regulations. No regulatory violations were identified.	T 001		

Division of Licensing and Protection

TITLE

(X6) DATE

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