

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) 241-2345

August 9, 2011

Ms. Christine Wallace, Administrator  
Beekman House  
Route 103, Box 106  
Proctorsville, VT 05153

Dear Ms. Wallace:

Thank you for the cooperation you gave our surveyor during the re-licensure survey conducted on **August 3, 2011** 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 **August 19, 2011**

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

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:  <b>0512</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/03/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEEKMAN HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>ROUTE 103, BOX 106 PROCTORSVILLE, VT 05153</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
T 001	<b>INITIAL COMMENTS</b>  An unannounced onsite re-licensure survey was conducted on 8/3/11. There were no regulatory violations as a result of this survey.	T 001		

Division of Licensing and Protection

TITLE

(X6) DATE

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