

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

December 3, 2015

Ladonna Hines, Manager  
Merry Meadow Farm, Inc - Main House  
2122 Lower Plain  
Bradford, VT 05033-8936

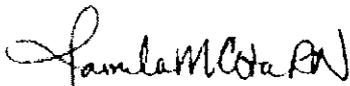
Dear Ms. Hines:

The Division of Licensing and Protection completed a complaint investigation at your facility on **November 23, 2015**. The purpose of the investigation was to determine if your facility was in compliance with Therapeutic Community Residences Licensing Regulations. There were no regulatory deficiencies as a result of this investigation.

Please sign and return the Survey Statement no later than **December 13, 2015**

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



Division of Licensing and Protection

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|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>0520</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>11/23/2015</b> |
|--|---|---|---|

|  |   |
|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>MERRY MEADOW FARM, INC - MAIN HOUSE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2122 LOWER PLAIN<br/>BRADFORD, VT 05033</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              | Initial Comments<br><br>An unannounced on-site survey was completed on 11/23/15 by staff from the Vermont Division of Licensing and Protection to investigate a complaint (#14153). There were no regulatory violations found. | T 001         |   |                    |

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|---|-------|-----------|
| Division of Licensing and Protection<br>LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|-------|-----------|