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

June 12, 2015

Mr. William Gilding, Manager
Roy Mountain House
118 Mosquitoville Road
Barnet, VT 05821-9534

Dear Mr. Gilding:

The Division of Licensing and Protection completed a complaint investigation at your facility on **June 11, 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 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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	546		C 06/11/2015

NAME OF PROVIDER OR SUPPLIER

ROY MOUNTAIN HOUSE

STREET ADDRESS, CITY, STATE, ZIP CODE

118 MOSQUITOVILLE ROAD
BARNET, VT 05821

(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 SS=A	Initial Comments An unannounced onsite self report investigation was conducted on 06/10/15 by the Division of Licensing and Protection and concluded on 06/11/15. There are no Therapeutic Community Residence regulatory findings.	T 001		

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