

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 23, 2015

Lynn Pilcher, Manager
Spring Lake Ranch
1169 Spring Lake Road, Po Box 310
Cuttingsville, VT 05738-0310

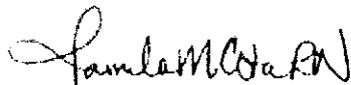
Dear Ms. Pilcher:

The Division of Licensing and Protection completed a complaint investigation at your facility on **December 16, 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 **January 2, 2016**

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0526	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/16/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SPRING LAKE RANCH	STREET ADDRESS, CITY, STATE, ZIP CODE 1169 SPRING LAKE ROAD, PO BOX 310 CUTTINGSVILLE, VT 05738
--	---

(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 survey was conducted on 12/16/15 by staff from the Vermont Division of Licensing and Protection to investigate a facility mandatory self-reported event (#14216). There were no regulatory violations found.	T 001		

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