

JUL 15 11

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0527	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ Licensing and Protection	(X3) DATE SURVEY COMPLETED C 07/06/2011
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NAME OF PROVIDER OR SUPPLIER SPRUCE MOUNTAIN INN, INC	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 153, 155 TOWNE AVENUE PLAINFIELD, VT 05667
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(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
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T 001	<p>INITIAL COMMENTS</p> <p>An unannounced, onsite re-licensing and complaint investigation was conducted by the Division of Licensing and Protection on 07/06/2011. There were no regulatory violations cited.</p>	T 001		
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Division of Licensing and Protection *Candace Beardsley, UCSW* TITLE *Director* (X6) DATE

X LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE