

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/16/2012
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NAME OF PROVIDER OR SUPPLIER VALLEY TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2820 CHRISTIAN STREET WHITE RIVER JUNCTION, VT 05001
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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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A 001	<p>VI Initial Comments</p> <p>An unannounced onsite re-licensing survey was conducted by the Division of Licensing and Protection from 5/15/12 through 5/16/12. The facility was found to be in substantial compliance with regulations.</p>	A 001		
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Division of Licensing and Protection	TITLE	(X6) DATE
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE