

June 18, 2015

Ms. Shammi Shoemaker, Administrator
Alternatives
10 Lincoln Street
Springfield, VT 05156-2510

Dear Ms. Shoemaker:

Thank you for the cooperation you gave our surveyor during the **June 15, 2015** annual survey of your facility.

Enclosed is the Residential Care Home Survey Statement indicating that your facility is in substantial compliance with the current regulatory requirements. Congratulations to you and your staff.

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 CORRECTIDN	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY CDMPLETED 06/15/2015
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NAME OF PROVIDER OR SUPPLIER ALTERNATIVES	STREET ADDRESS, CITY, STATE, ZIP CODE 10 LINCOLN STREET SPRINGFIELD, VT 05156
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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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R100	Initial Comments: An unannounced onsite re-licensure survey was conducted on 6/15/15 by the Division of Licensing and Protection. No regulatory violations were identified. The home was found to be in substantial compliance with Residential Care Home Licensing Regulations effective October/2000.	R100		
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Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE