

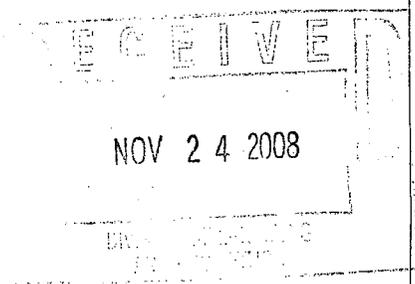
Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2008
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NAME OF PROVIDER OR SUPPLIER AVE MARIA COMMUNITY CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 19 SCHOOL STREET RICHFORD, VT 05476
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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: A licensing survey was conducted on 11/05/08. The facility was found to be in substantial compliance with Vermont Residential Care Home Regulations, effective 10/03/2000.	R100		
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Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM 6899 EQSU11 If continuation sheet 1 of 1

Signature
SEVEN A. JOZ - ADMINISTRATOR
11/18/08

TITLE

(X6) DATE