

October 10, 2013

Ms. Michelle Sharron, Administrator  
Pleasant Street House  
59 South Pleasant Street  
Randolph, VT 05060

Dear Ms. Sharron:

Thank you for the cooperation you gave our surveyor during the **October 7, 2013** 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

PC:jl



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0296</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/07/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PLEASANT STREET HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>59 SOUTH PLEASANT STREET RANDOLPH, VT 05060</b>
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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
R100	<p>Initial Comments:</p> <p>An unannounced, on-site re-licensing survey was conducted by the Division of Licensing and Protection on 10/07/2013. There were no state regulatory deficiencies identified.</p>	R100		

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