



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street, Ladd Hall

Waterbury VT 05671-2306

<http://www.dail.vermont.gov>

Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

January 31, 2012

Ms. Jennifer Doyle, Administrator  
Riverbend Residential Care Home, Inc  
307 Vt Route 110, Po Box 7  
Chelsea, VT 05038

Dear Ms. Doyle:

Thank you for the cooperation you gave our surveyor during the **January 18, 2012** 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,

A handwritten signature in cursive script that reads "Pamela Cota".

Pamela Cota, RN, MS  
Licensing Chief

PC:jl



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0379</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/18/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIVERBEND RESIDENTIAL CARE HOME, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>307 VT ROUTE 110, PO BOX 7 CHELSEA, VT 05038</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
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R100	<p>Initial Comments:</p> <p>An unannounced licensing survey and complaint investigation was conducted by the Division of Licensing and Protection from 1/17/12 - 1/18/12. The facility was found to be in Substantial Compliance with the Residential Care Home Licensing Regulations.</p>	R100		
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Division of Licensing and Protection

TITLE

(X6) DATE

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