

Division of Licensing and Protection
103 South Main Street
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

June 25, 2015

David Anderson, Manager
Maple Hill Residential Care Home
26 Union Street
Waterbury, VT 05676-1303

Provider #: 0154

Dear Mr. Anderson:

The Division of Licensing and Protection conducted an onsite complaint investigation on **June 19, 2015**. The purpose of the investigation was to determine if your facility was in compliance with Federal participation requirements of the Medicare/Medicaid Program. The investigation was completed on **June 19, 2015** and there were no regulatory violations related to the complaint allegations.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0154	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/19/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAPLE HILL RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 26 UNION STREET WATERBURY, VT 05676
---	---

(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
--------------------	--	---------------	---	--------------------

	<p>R100 Initial Comments:</p> <p>An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 6/19/15. There were no regulatory findings.</p>	R100		
--	---	------	--	--

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