

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 25, 2013

Ms. Deborah Hodge, Administrator
Valley View Home For The Retired
Rt 5, 69 Oaklane, Apt 1, Po Box 93
Fairlee, VT 05045

Dear Ms. Hodge:

The Division of Licensing and Protection completed a complaint investigation at your facility on **January 23, 2013**. The purpose of the investigation was to determine if your facility was in compliance with Residential Care Home Licensing Regulations. There were no regulatory violations as a result of this investigation.

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:kc



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/23/2013
NAME OF PROVIDER OR SUPPLIER VALLEY VIEW HOME FOR THE RETIRED			STREET ADDRESS, CITY, STATE, ZIP CODE RT 5, 69 OAKLANE, APT 1, PO BOX 93 FAIRLEE, VT 05045		
(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 SS=A	Initial Comments: An unannounced on-site complaint investigation was conducted on 01/23/13 by the Division of Licensing and Protection. There were no Residential Care Home regulatory findings	R100			

Division of Licensing and Protection

TITLE

(X6) DATE

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