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DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury VT 05671-2060

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

Survey and Certification Voice/TTY (802) 241-0480

To Report Adult Abuse: (800) 564-1612

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

July 23, 2018

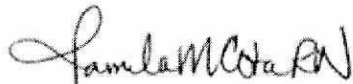
Katy Lemery, Manager  
Maple Ridge Memory Care  
6 Freeman Woods  
Essex Junction, VT 05452

Dear Ms. Lemery:

The Division of Licensing and Protection completed a complaint investigation at your facility on **July 18, 2018**. 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) 241-0480.

Sincerely,



Pamela Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0653</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/18/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>MAPLE RIDGE MEMORY CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6 FREEMAN WOODS</b> <b>ESSEX JUNCTION, VT 05452</b>		
(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	Initial Comments:  The Division of Licensing and Protection conducted investigations of 1 complaint and 1 facility reported incident on 7/18/18. There were no regulatory violations as a result.	R100			

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE