



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING  
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

March 17, 2017

Ms. Allyson Sweeney, Manager  
The Residence At Shelburne Bay East  
185 Pine Haven Shores Road  
Shelburne, VT 05482-7805

Dear Ms. Sweeney:

The Division of Licensing and Protection completed a complaint investigation at your facility on **March 16, 2017**. The purpose of the investigation was to determine if your facility was in compliance with Assisted Living Residence 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,

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

Pamela Cota, RN  
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>1009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/16/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE RESIDENCE AT SHELburne BAY EAST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>185 PINE HAVEN SHORES ROAD SHELburne, VT 05482</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
A 001	<p>VI Initial Comments</p> <p>An unannounced, on-site complaint investigation was conducted by the Division of Licensing and Protection on 3/16/2017. No regulatory issues were identified at this time.</p>	A 001		

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

## Hammond, Kerry

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**From:** Coleman, Georgette  
**Sent:** Friday, March 17, 2017 11:47 AM  
**To:** Hammond, Kerry  
**Subject:** RE: no findings with on site of 3/16/2017 for Res at Shelburne Bay # 15288

Yes it is East and the date is actually 3/16 r/t weather reschedules

Georgette Coleman, RN, MA  
Nurse Surveyor

HC 2 South  
280 State Drive  
Waterbury, Vt. 05671-2060  
Phone: (main) (802)-241-0480  
(cell) (802)-793-2930

\*\*\*\* Changed \*\*\*\*\*E-mail:georgette.coleman@vermont.gov

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**From:** Hammond, Kerry  
**Sent:** Friday, March 17, 2017 11:45 AM  
**To:** Coleman, Georgette <Georgette.Coleman@vermont.gov>  
**Subject:** RE: no findings with on site of 3/16/2017 for Res at Shelburne Bay # 15288

Is this for the East facility.

Would the survey date be 3/15/17?

*Kerry Hammond*

Administrative Service Coordinator II  
Licensing and Protection-DAIL  
HC 2 South, 280 State Drive  
Waterbury, Vermont 05671-2060  
802-241-0344  
[Kerry.hammond@vermont.gov](mailto:Kerry.hammond@vermont.gov)

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**From:** Coleman, Georgette  
**Sent:** Friday, March 17, 2017 11:37 AM  
**To:** McCarty, Denise <[Denise.McCarty@vermont.gov](mailto:Denise.McCarty@vermont.gov)>; Hammond, Kerry <[Kerry.Hammond@vermont.gov](mailto:Kerry.Hammond@vermont.gov)>  
**Subject:** no findings with on site of 3/16/2017 for Res at Shelburne Bay # 15288

2567 is good to go

Georgette Coleman, RN, MA  
Nurse Surveyor

HC 2  
South

280 State Drive

Waterbury, Vt. 05671-2060  
Phone: (main) (802)-241-0480  
(cell) (802)-793-2930

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