



**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

February 4, 2022

Eric Bach, Manager  
Canterbury Inn  
46 Cherry Street  
Saint Johnsbury, VT 05819-2290

Dear Mr. Bach:

The Division of Licensing and Protection completed a complaint investigation at your facility on **February 2, 2022**. 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,

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

Pamela Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0119</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/02/2022</b>
--------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>CANTERBURY INN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>46 CHERRY STREET</b> <b>SAINT JOHNSBURY, VT 05819</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	<p>Initial Comments:</p> <p>The Division of Licensing and Protection conducted an unannounced onsite complaint investigation on 2/2/22. There were no regulatory violations as a result.</p>	R100		

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