

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 <u>http://www.dail.vermont.gov</u> 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 1, 2023

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

Dear Ms. Munzir:

The Division of Licensing and Protection completed a complaint investigation at your facility on **November 30, 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,

Jamela M Cota RN

Pamela Cota, RN Licensing Chief

PRINTED: 02/01/2023 FORM APPROVED

Division of Licensing and Protection					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
					С
		0653	B. WING		11/30/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDR			DRESS, CITY, STAT	FE, ZIP CODE	
MAPLE RIDGE MEMORY CARE 6 FREEMAN WOODS					
ESSEX JUNCTION, VT 05452					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
R100	Initial Comments:		R100		
		ision of Licensing and 2. There were no regulatory			
Division of Licensing and Protection ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE					

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