



**AGENCY OF HUMAN SERVICES**

**DEPARTMENT OF DISABILITIES, ~~AGING AND INDEPENDENT LIVING~~ <sup>Division of Licensing and Protection</sup>**

HC 2 South, 280 State Drive

Waterbury VT 05671-2060

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

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

Survey and Certification Fax (802) 241-0343

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

To Report Adult Abuse: (800) 564-1612

October 12, 2018

Anne Steinberg, Manager  
Michaud Memorial Manor  
47 Herrick Road  
Derby Line, VT 05830-8759

Dear Ms. Steinberg:

Thank you for the cooperation you gave our surveyor during the **October 3, 2018** annual survey of your facility.

Enclosed is the Residential Care Home Survey Statement indicating that your facility is in substantial compliance with the current regulatory requirements. Congratulations to you and your staff.

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,

A handwritten signature in black ink 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>0143</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/03/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MICHAUD MEMORIAL MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>47 HERRICK ROAD DERBY LINE, VT 05830</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
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R100	<p>Initial Comments:</p> <p>An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection from 10/2-3/18. The facility was found in substantial compliance with regulations for Residential Care Homes, Level III.</p>	R100		
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Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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