



**AGENCY OF HUMAN SERVICES**  
**Division of Licensing and Protection**  
**DEPARTMENT OF DISABILITIES, AGING, AND INDEPENDENT LIVING**

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

August 1, 2019

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

Dear Ms. Jennings:

The Division of Licensing and Protection completed a complaint investigation at your facility on **July 9, 2019**. 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 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>1009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/09/2019</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
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R100	Initial Comments:  An unannounced onsite investigation of 4 Facility Reported Incidents and 1 Complaint was conducted on 7/8 & 9/2019 by the Division of Licensing & Protection. There were no regulatory deficiencies identified as the result of the survey.	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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