

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

March 9, 2021

Mr. Rodolfo Parra, Manager The Residence At Shelburne Bay East 185 Pine Haven Shores Road Shelburne, VT 05482-7805

Dear Mr. Parra:

The Division of Licensing and Protection completed a complaint investigation at your facility on **March 4, 2021**. 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,

famila McotaRN

Pamela Cota, RN Licensing Chief

Blind and Visually Impaired Vocational Rehabilitation

PRINTED: 03/09/2021 FORM APPROVED

Division of Licensing and Protection					
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					С
		1009	B. WING		03/04/2021
					·
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 185 PINE HAVEN SHORES ROAD					
THE RESIDENCE AT SHELBURNE BAY EAST SHELBURNE, VT 05482					
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
A 001	1 VI Initial Comments		A 001		
	The Division of Licen	sing and Protection			
	conducted unannounced onsite investigations of 2 complaints on 3/3/21. The investigations were completed offsite on 3/4/21. There were no				
	regulatory violations a	as a result.			
Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE					

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