



**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

Survey and Certification Fax (802) 241-0343

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

To Report Adult Abuse: (800) 564-1612

December 10, 2018

Jennifer Doyle, Manager  
Riverbend Residential Care Home, Inc  
307 Vt Route 110, Po Box 7  
Chelsea, VT 05038

Dear Ms. Doyle:

Thank you for the cooperation you gave our surveyor during the **November 19, 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".

Pamela Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0379</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/19/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RIVERBEND RESIDENTIAL CARE HOME, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>307 VT ROUTE 110, PO BOX 7 CHELSEA, VT 05038</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	Initial Comments:  An unannounced, on-site re-licensure survey was conducted by the Division of Licensing and Protection on 11/19/2018. There were no regulatory issues identified at this time.	R100		
------	--	------	--	--

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE