



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

October 12, 2018

Amy Beer, Manager
Waterford Group Home
659 High Ridge Road
Waterford, VT 05819

Dear Ms. Beer:

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".

Pamela Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0162	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WATERFORD GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 659 HIGH RIDGE ROAD WATERFORD, VT 05819
---	---

(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	<p>Initial Comments:</p> <p>An unannounced onsite relicensing survey was conducted by the Division of Licensing and Protection on 10/3/18. The home was found to be in substantial compliance with the Residential Care Home regulations.</p>	R100		
------	---	------	--	--

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____