



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

November 6, 2018

Dawn Provost, Manager
Westview Meadows At Montpelier
171 Westview Meadows Road
Montpelier, VT 05602-3385

Dear Ms. Provost:

Thank you for the cooperation you gave our surveyor during the **October 31, 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: 0536	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2018
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NAME OF PROVIDER OR SUPPLIER WESTVIEW MEADOWS AT MONTPELIER	STREET ADDRESS, CITY, STATE, ZIP CODE 171 WESTVIEW MEADOWS ROAD MONTPELIER, VT 05602
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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, on-site re-licensure survey was conducted by the Division of Licensing and Protection between 10/30-31/2018. No state regulatory issues were identified at this time and the residential care home is found to be in substantial compliance.</p>	R100		
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Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____