



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

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

October 12, 2018

Mr. Eric Fritz, Administrator
Woodstock Terrace
456 Woodstock Road
Woodstock, VT 05091-9759

Dear Mr. Fritz:

The Division of Licensing and Protection completed a complaint investigation and a re-licensure survey at your facility on **October 9, 2018**. The purpose of the survey 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 survey.

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 RN". The signature is written in a cursive style.

Pamela Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/09/2018
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NAME OF PROVIDER OR SUPPLIER WOODSTOCK TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 456 WOODSTOCK ROAD WOODSTOCK, VT 05091
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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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A 001	<p>VI Initial Comments</p> <p>The Division of Licensing and Protection conducted an unannounced onsite re-licensure survey and investigation of a facility self reported event from 10/8/2018 through 10/9/2018. The residence was found to be in substantial compliance with the Vermont Assisted Living Residence licensing regulations.</p>	A 001		
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Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____