



**Department of Disabilities, Aging and
Independent Living**
Division of Licensing and Protection
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
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AGENCY OF HUMAN SERVICES

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

July 11, 2025

Melissa Greenfield, Manager
Meadows At East Mountain
240 Gables Place
Rutland, VT 05701-8811

Dear Ms. Greenfield:

On **July 8, 2025**, we conducted a revisit to the survey of **May 6, 2025** to verify that your facility had achieved substantial compliance. Based on our revisit, we found that your facility has corrected all violations cited at the time of this survey.

If you have any questions regarding this report, please feel free to contact this office at (802) 585-0995.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Scott", written in a cursive style.

Carolyn Scott, LMHC, M.S.
State long Term Care Manager

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 07/08/2025
NAME OF PROVIDER OR SUPPLIER MEADOWS AT EAST MOUNTAIN		STREET ADDRESS, CITY, STATE, ZIP CODE 240 GABLES PLACE RUTLAND, VT 05701		
(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 On July 8, 2025, the Division of Licensing and Protection conducted an unannounced on-site follow-up survey to determine if the home was back in compliance with the Vermont Residential Care Home and Assisted Living Residence Licensing Rules, subsequent to the findings of the survey conducted on May 6, 2025. Based on the findings of the follow-up survey, the home was determined to be back in compliance with the applicable Licensing Rules.	{R100}		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE