VERMONT

**Department of Disabilities, Aging and Independent Living**
**Division of Licensing and Protection**
280 State Drive/HC 2 South
Waterbury, VT 05671-2060
www.dlp.vermont.gov

[phone] 802-241-0344
[fax] 802-241-0343

*AGENCY OF HUMAN SERVICES*

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

December 10, 2025

Lydia Raymond, Manager
The Residence At Quarry Hill
465 Quarry Hill Road
South Burlington, VT 05403

Dear Ms. Raymond:

The Division of Licensing and Protection completed a complaint investigation and follow-up visit at your facility on **December 2, 2025**. The purpose of the investigation was to determine if your facility was in compliance with Vermont Residential Care Home and Assisted Living Residence Licensing Rules. There were no regulatory violations as a result of this investigation.

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

Sincerely,

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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 1012 | A. BUILDING: _____ B. WING _____ | C 12/02/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE RESIDENCE AT QUARRY HILL | 465 QUARRY HILL ROAD SOUTH BURLINGTON, VT 05403 |

| (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<br><br>On December 2, 2025, the Division of Licensing and Protection conducted an unannounced, on-site complaint investigation in response to one complaint, one facility-reported incident, and a follow-up visit related to a prior investigation conducted on August 25, 2025. The purpose of the follow-up visit was to determine the facility's compliance with the Vermont Residential Care Home and Assisted Living Licensing Rules subsequent to the findings of the August 25, 2025, survey. As a result of the follow-up survey, the facility was determined to be back in compliance with the applicable licensing rules, and based on the investigation, no regulatory violations were identified. | R100 | | |

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