VERMONT

Department of Disabilities, Aging and Independent Living
Division of Licensing and Protection
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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 14, 2026

Katy Munzir, Manager
The Residence At Shelburne Bay
185 Pine Haven Shore Road
Shelburne, VT 05482-7805

Dear Ms. Munzir:

On **June 30, 2026**, we conducted a revisit to the survey of **April 21, 2026** 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,



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
	0589	A. BUILDING: _____ B. WING _____	R-C 06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT SHELBURNE BAY	185 PINE HAVEN SHORE ROAD SHELBURNE, VT 05482

(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 6/30/2026, the Division of Licensing and Protection conducted an unannounced on-site follow-up survey to determine whether the facility was back in compliance with the Vermont Residential Care Home and Assisted Living Residence Licensing Rules following deficiencies identified during the survey conducted on 4/20/2026 and 4/21/2026. As a result of the follow-up survey, the facility was determined to have achieved substantial compliance with all applicable licensing rules.	{R100}		

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