VERMONT

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

October 5, 2026

Anne Steinberg, Manager
Michaud Memorial Manor
47 Herrick Road
Derby Line, VT 05830-8759

Dear . Steinberg:

Thank you for the cooperation you gave our surveyor during the **September 23, 2026** annual survey and complaint investigation of your facility.

Enclosed is the Residential Care Home Survey Statement indicating that your facility is in substantial compliance with the current Rules and 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,



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
	0143	A. BUILDING: _____ B. WING _____	C 09/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MICHAUD MEMORIAL MANOR	**47 HERRICK ROAD DERBY LINE, VT 05830**

(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 9/23/2026 the Division of Licensing and Protection conducted an unannounced on-site annual survey and investigations of one complaint and one facility reported incident. The home was found to be in substantial compliance with the Vermont Residential Care Home and Assisted Living Residence Licensing Rules effective 4/1/2026.	R100		

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