Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	47D0090944	01/16/2018
Name of Provider or Supplier	**Street Address, City, State**	
Grace Cottage Hospital	185 Grafton Rd, Townshend, VT	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	Summary Statement of Deficiencies
No Tags	No deficiency details available.