

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury VT 05671-2060

<http://www.dail.vermont.gov>

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

March 31, 2017

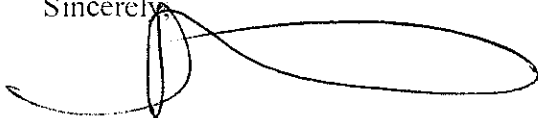
Janet McCarthy, Director  
Franklin County Hha  
3 Home Health Circle Suite 1  
St Albans, VT 05478-9737

Dear Ms. McCarthy:

The Division of Licensing and Protection completed a survey at your facility on **March 29, 2017**. The purpose of the survey was to determine if your agency was in compliance with State of Vermont Licensing and Operating Rules for Home Health Agencies. This survey found that your facility was in substantial compliance with requirements.

Please sign and date the enclosed CMS 2567 and return to our office by **April 10, 2017**. Please keep a copy for your records.

Sincerely,



Suzanne Leavitt, RN, MS  
State Survey Agency Director  
Assistant Director, Division of Licensing and Protection

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  VT477016	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/29/2017
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NAME OF PROVIDER OR SUPPLIER  FRANKLIN COUNTY HHA	STREET ADDRESS, CITY, STATE, ZIP CODE 3 HOME HEALTH CIRCLE SUITE 1 ST ALBANS, VT 05478
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(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
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H 001	<p>Initial Comments</p> <p>An unannounced onsite designation survey was conducted by the Division of Licensing &amp; Protection on 3/27-29/2017. There were no state regulatory deficiencies identified as a result of this survey.</p>	H 001		
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Division of Licensing and Protection

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

TITLE

(X6) DATE