



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

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

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line (888) 700-5330

To Report Adult Abuse: (800) 564-1612

May 2, 2023

Ms. Sara King, Director  
Franklin County HHA  
3 Home Health Circle, Suite 1  
Saint Albans, VT 05478

Provider Number: 477016

Dear Ms. King:

On **April 12, 2023**, staff from the Division of Licensing and Protection conducted a recertification survey at Franklin County Home Health. The purpose of the survey was to determine if your agency was in compliance with Federal participation requirements for a Home Health Agency participating in the Medicare/Medicaid programs. This survey found that your facility was in substantial compliance with the participation requirements.

Please sign and date the enclosed CMS 2567 and return to our office by **May 12, 2023**. Please keep a copy for your records.

Sincerely,

A handwritten signature in black ink, appearing to read "Suzanne Leavitt".

Suzanne Leavitt, RN, MS  
State Survey Agency Director  
Assistant Division Director

Enclosure

Franklin County Home Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>477016</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>04/12/2023</b>	
NAME OF PROVIDER OR SUPPLIER <b>Franklin County HHA</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>3 Home Health Circle, Suite 1 , Saint Albans, Vermont, 05478</b>			
(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) COMPLETION DATE	
E0000	Initial Comments  An unannounced onsite Emergency Preparedness survey was conducted on 4/12/2023 by the Division of Licensing & Protection in conjunction with a Federal Recertification Survey. As a result of the Emergency Preparedness survey the agency was found to be in substantial compliance with the Emergency Preparedness Regulations.		E0000				
G0000	INITIAL COMMENTS  An unannounced onsite Federal Recertification was conducted on 4/10-12/2023 by the Division of Licensing and Protection. In conjunction a Focused Infection Control review was also conducted. As result of the survey and the review the agency was found to be in substantial compliance with Federal Regulations and the Covid Immunization regulations.		G0000				

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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