



**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

June 19, 2023

Brian Remillard, Medical Director  
Fresenius Medical Care St. Johnsbury  
1080 Hospital Drive  
Saint Johnsbury, VT 05819

Provider ID #: 472501

Dear Dr. Remillard:

Thank you for your cooperation with our surveyor during the recent survey of the End Stage Renal Dialysis Unit (ESRD) in St. Johnsbury on **June 7, 2023**. The survey determined the entity to be in substantial compliance with Conditions of Participation for 42 CFR Part 405.2150. Please sign the enclosed CMS-2567 and return them to this office no later than **June 29, 2023**.

If you have any questions regarding the enclosed, please feel free to call this office.

Sincerely,

A handwritten signature in cursive script, appearing to read "Suzanne Leavitt".

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

CC: Carol Muzzy, Accreditation and Regulatory Affairs Director

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/19/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>472501</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/07/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FRESENIUS MEDICAL CARE ST JOHNSBURY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1080 HOSPITAL DRIVE SAINT JOHNSBURY, VT 05819</b>
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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) COMPLETION DATE
E 000	Initial Comments  An unannounced on-site survey was conducted at Fresenius Medical Care St. Johnsbury Dialysis re: requirements for Emergency Preparedness on 6/7/23. As a result of the Emergency Preparedness Survey, there were no regulatory violations identified.	E 000		
V 000	INITIAL COMMENTS  An unannounced on-site re-certification survey was conducted by the Division of Licensing and Protection at Fresenius Medical Care St. Johnsbury from 6/5/23 to 6/7/23 to determine compliance with 42 Code of Federal Regulations Part 405 Subpart U, Condition of Participation: End Stage Renal Disease Services. There were no regulatory violations identified.	V 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*[Signature]*

TITLE  
**MEDICAL DIRECTOR** (X6) DATE  
**6/19/2023**

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 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.