



**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. Kathleen Demars, Director  
Lamoille Home Health & Hospice  
54 Farr Avenue  
Morrisville, VT 05661

Provider Number: 477015

Dear Ms. Demars:

On **April 26, 2023**, staff from the Division of Licensing and Protection conducted a recertification survey at Lamoille Home Health & Hospice. 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 cursive script that reads "Suzanne Leavitt".

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

Enclosure

Lamoille Home Health & Hospice

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>477015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>04/26/2023</b>
NAME OF PROVIDER OR SUPPLIER <b>Lamoille Home Health &amp; Hospice</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>54 Farr Avenue , Morrisville, Vermont, 05661</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 on-site Emergency Preparedness Survey was conducted by the Division of Licensing and Protection in conjunction with a Federal Recertification Survey on 4/24-26/2023. The agency was found to be in substantial compliance Emergency Preparedness Regulations as a result of the survey.	E0000		
G0000	INITIAL COMMENTS  An unannounced on-site Federal Recertification survey was conducted by the Division of Licensing and Protection on 4/24-26/2023. In conjunction a Focused Infection Control Review of COVID-19 Immunization compliance was conducted. The agency was found to be in substantial compliance with Federal Regulations and COVID-19 Immunization Regulations as a result of the survey and review.	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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