

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

March 15, 2021

Ruth Rudnick, Nurse Manager and Renal Center Director
Southwestern Vermont Renal Center
100 Hospital Drive
Bennington, VT 05201

Re: Provider ID #: 472301

Dear Ms. Rudnick:

Thank you for your cooperation with our surveyors during the recent survey of the End Stage Renal Dialysis unit (ESRD) at Southwestern Vermont Renal Center that was completed on **March 10, 2021**.

The survey determined the entity to be in substantial compliance with Conditions of Participation for 42 CFR Part 405.2150.

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

Sincerely,



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

Enclosure

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

PRINTED: 03/15/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 472301	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/10/2021
NAME OF PROVIDER OR SUPPLIER SOUTHWESTERN VERMONT RENAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 HOSPITAL DRIVE BENNINGTON, VT 05201		
(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 During an unannounced on-site re-certification survey from 3/8/21 through 3/10/21, the Division of Licensing and Protection conducted a review of the facility's Emergency Preparedness Program. The facility was found to be in substantial compliance with Emergency Preparedness planning.	E 000			
V 000	INITIAL COMMENTS An unannounced on-site re-certification survey was conducted on 3/8/21 though 3/10/21 by the Division of Licensing and Protection to determine compliance with 42 Code of Federal Regulations Part 405 Subpart U, Conditions of Participation: End Stage Renal Disease Services. There were no regulatory violations identified. The facility was found to be in substantial compliance with the Conditions of Participation for End Stage Renal Disease Services.	V 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE	

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.