

Division of Licensing and Protection
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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

April 22, 2021

Jayesh Shukla, Renal Center Director
University Of Vermont Medical Center Dialysis
111 Colchester Ave
Burlington, VT 05401

Re: 472300

Dear Mr. Shukla:

Thank you for your cooperation with our surveyor during the recent survey of the End Stage Renal Dialysis unit (ESRD) at **University of Vermont Medical Center Burlington on March 31, 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

CC: Carol Muzzy, Accreditation and Regulatory Affairs Director

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

PRINTED: 04/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 472300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/31/2021
NAME OF PROVIDER OR SUPPLIER UNIVERSITY OF VERMONT MEDICAL CENTER DIALYSIS			STREET ADDRESS, CITY, STATE, ZIP CODE 111 COLCHESTER AVE BURLINGTON, VT 05401		
(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 onsite survey was conducted of the University of Vermont Medical Center Dialysis Burlington for End Stage Renal Dialysis (ESRD) re: requirement for Emergency Preparedness on 3/30/21. As a result of the Emergency Preparedness Survey, no regulatory violations were identified.	E 000			
V 000	INITIAL COMMENTS An unannounced on-site re-certification survey was conducted on 3/29/21 though 3/31/21 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.