

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

January 10, 2019

Jayesh Shukla, Director
University Of Vt Medical Ctr Dialysis S Burlington
35 Joy Road
South Burlington, VT 05403

Re: 473503

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 on **January 9, 2019**. 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 **January 20, 2019**.

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

CC: Carol Muzzy, Accreditation and Regulatory Affairs Director

Enclosure



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

PRINTED: 01/10/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 473503	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/09/2019
NAME OF PROVIDER OR SUPPLIER UNIVERSITY OF VT MEDICAL CTR DIALYSIS S BURLINGTON		STREET ADDRESS, CITY, STATE, ZIP CODE 35 JOY ROAD SOUTH BURLINGTON, VT 05403		
(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
V 000	INITIAL COMMENTS An unannounced complaint survey was conducted by the Division of Licensing and Protection on 1/9/19 to determine compliance with 42 Code of Federal Regulations Part 405, Subpart V, 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 _____ 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.