VERMONT

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

October 18, 2018

Ms. Johanna Beliveau, Director
Vnh - Visiting Nurse & Hospice- Vermont & New Hamp
88 Prospect Street
White River Junction, VT 05001

Provider Number: 471506

Dear Ms. Beliveau:

On **October 17, 2018** staff from the Division of Licensing and Protection conducted a recertification survey at Visiting Nurse Association And Hospice Of Vermont And New Hampshire, Inc.. 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 **October 28, 2018**. Please keep a copy for your records.

Sincerely,

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

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	471506	A. BUILDING _____ B. WING _____	10/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VNH - VISITING NURSE & HOSPICE- VERMONT & NEW HAMP	88 PROSPECT STREET WHITE RIVER JUNCTION, VT 05001

(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 At the time of the re-certification Hospice survey conducted by the Division of Licensing and Protection on 10/15/18 - 10/17/18 the Emergency Preparedness survey was conducted. The Hospice agency was found to be in Substantial Compliance with the Federal requirements for Emergency Preparedness.	E 000		
L 000	INITIAL COMMENTS An unannounced on-site recertification Hospice survey was conducted by the Division of Licensing and Protection on 10/15/18 through 10/17/18. As a result of the survey, it was determined the Hospice agency was in Substantial Compliance with all Federal regulatory requirements contained at 418.52 thru 418.116.	L 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.