

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  
To Report Adult Abuse: (800) 564-1612  
Survey and Certification Fax (802) 241-0343  
Survey and Certification Reporting Line: (888) 700-5330

March 18, 2021

Nicholas McCardle, Director  
Bayada Home Health Care Inc  
600 Blair Park Road, Suite 300  
Williston, VT 05495-7589

Dear Mr. McCardle:

The Division of Licensing and Protection completed a complaint investigation at your facility on **March 15, 2021**. The purpose of the investigation was to determine if your agency was in compliance with Regulations for the Designation and Operation of Home Health Agencies. **There were no regulatory violations as a result of this investigation.**

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,



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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>477019</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/15/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BAYADA HOME HEALTH CARE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 BLAIR PARK ROAD, SUITE 300</b> <b>WILLISTON, VT 05495</b>
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(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) COMPLETE DATE
H 001	<p><b>Initial Comments</b></p> <p>An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 3/8/2021, and completed on 3/15/2021. There were no State Designation regulatory findings.</p>	H 001		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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