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 (8020 241-0343
Survey and Certification Reporting Line (888) 700-5330
To Report Adult Abuse: (800) 564-1612

June 17, 2022

Linda Rossi, CEO
Brattleboro Retreat
Anna Marsh Lane Po Box 803
Brattleboro, VT 05301-0803

Provider ID #: 474001

Dear Ms. Rossi,

The Division of Licensing and Protection completed an investigation at your facility on **June 15, 2021**. The purpose of the survey was to determine if the PPS psychiatric unit met the conditions of participation 42 CFR 412.25.

This survey found that your facility was in substantial compliance with the participation requirements.

Sincerely,

Suzanne Leavitt, RN, MS
State Survey Agency Director
Assistant Director, Division of Licensing & Protection

Enc.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	474001	A. BUILDING _____ B. WING _____	C 06/15/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRATTLEBORO RETREAT	**ANNA MARSH LANE PO BOX 803 BRATTLEBORO, VT 05301**

(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 on-site investigation of complaints #20617 and #20704 was conducted on 06/14/22 through 06/15/22 by the Division of Licensing and Protection as authorized by the Centers for Medicare and Medicaid to determine compliance with the following Conditions of Participation for Acute Care Hospitals: Patient Rights, Discharge Planning, and Nursing Services. A staff vaccination mandate was also reviewed. There were no regulatory violations identified.	E 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.