



**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

November 16, 2023

Linda Rossi, Administrator  
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 a complaint investigation at your facility on **November 7, 2023**. 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.

Congratulations!

Please sign the enclosed CMS-2567 and return to this office by **November 26, 2023**.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne Leavitt".

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

Enc.

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

PRINTED: 11/16/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>474001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/07/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRATTLEBORO RETREAT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>ANNA MARSH LANE PO BOX 803</b> <b>BRATTLEBORO, VT 05301</b>		
(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	
A 000	INITIAL COMMENTS  An unannounced on-site complaints investigations #22396 and #22229 were conducted at Brattleboro Retreat on 11/7/23 by the Division of Licensing and Protection as authorized by the Centers for Medicare and Medicaid to determine compliance with the 42 CFR Part 482 Conditions of Participation for Hospitals: Patient Rights and Nursing Services. There were no regulatory violations identified.	A 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.