

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

6/10/2022

Ms. TRENY BURGESS, DIRECTOR  
161 SHERMAN DRIVE  
SAINT JOHNSBURY, VT 05819

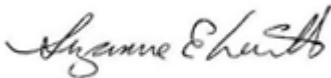
Provider Number: 477010

Dear Ms. BURGESS:

On May 25, 2022 staff from the Division of Licensing and Protection completed a recertification survey at CALENDONIA HOME HEALTH CARE & HOSPICE. 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.

Sincerely,



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

Enclosure

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>477010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>05/25/2022</b>
NAME OF PROVIDER OR SUPPLIER <b>CALEDONIA HOME HEALTH CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>161 SHERMAN DRIVE , SAINT JOHNSBURY, Vermont, 05819</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
E0000	Initial Comments  An unannounced onsite review of the Home Health Emergency Preparedness program was conducted by the Division of Licensing and Protection on 5/23-25/2022. The Home Health Agency was found to be in substantial compliance with the Emergency Preparedness regulations and no regulatory deficiencies were identified.	E0000		
G0000	INITIAL COMMENTS  An unannounced onsite Federal Certification survey was conducted by the Division of Licensing and Protection on 5/23-25/2022. The Home Health Agency was found to be in substantial compliance with the Federal Conditions & Standards and no regulatory deficiencies were identified.	G0000		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------