

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

6/13/2022

MS. TRENY BURGESS, DIRECTOR
CALEDONIA HOME HEALTH CARE & HOSPICE
161 SHERMAN DRIVE
SAINT JOHNSBURY, VT 05819

Dear Ms. BURGESS:

The Division of Licensing and Protection completed a recertification survey at your facility on **May 25, 2022**. The purpose of the survey was to determine if your agency was in compliance with State of Vermont Licensing and Operating Rules for Home Health Agencies.

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

Sincerely,



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

Enclosure

Vermont State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477010	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/25/2022
NAME OF PROVIDER OR SUPPLIER CALEDONIA HOME HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 161 SHERMAN DRIVE , SAINT JOHNSBURY, Vermont, 05819	
(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
H0001	Initial Comments An unannounced onsite State Relicensure 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 State regulations and no regulatory deficiencies were identified.	H0001		

Office of Primary Care and Health Systems Management

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