

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

September 12, 2019

Sandra Rouse, Director
Central Vermont Home Health & Hospice
600 Granger Road
Barre, VT 05641-5369

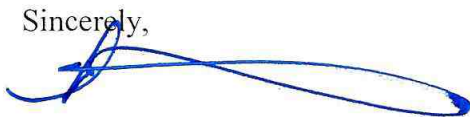
Provider Number: 477003

Dear Ms. Rouse:

On **September 11, 2019** staff from the Division of Licensing and Protection conducted a recertification survey at Central Vermont Home Health & Hospice, Inc.. 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.

Please keep a copy for your records.

Sincerely,



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

Enclosure



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

PRINTED: 09/12/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2019
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NAME OF PROVIDER OR SUPPLIER CENTRAL VERMONT HOME HEALTH & HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 600 GRANGER ROAD BARRE, VT 05641
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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) COMPLETION DATE
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G 000 INITIAL COMMENTS

G 000

An unannounced onsite recertification survey was conducted by the Division of Licensing & Protection on 9/9-11/2019. The agency was found to be in substantial compliance as a result of the survey.

E 000 Initial Comments

E 000

An unannounced review of Emergency Preparedness was conducted in conjunction with the recertification survey by the Division of Licensing & Protection on 9/9-11/2019. The agency was found to be in substantial compliance as a result of the review.

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.