



AGENCY OF HUMAN SERVICES
Division of Licensing and Protection
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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

March 21, 2019

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

Provider Number: 471505

Dear Ms. Rouse:

On **March 20, 2019** staff from the Division of Licensing and Protection conducted a recertification survey at Central Vermont Home Health & 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.

Please sign and date the enclosed CMS 2567 and return to our office by **March 31, 2019**. 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: 03/21/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471505	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/20/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CENTRAL VERMONT HOME HEALTH & HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 600 GRANGER ROAD BARRE, VT 05641
--	--

(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 onsite recertification survey conducted by the Division of Licensing and Protection on 3/18- 3/20/19, and included evaluation of the Emergency Preparedness requirement. The Hospice agency was found to be in Substantial Compliance with the federal requirements for Emergency Preparedness.	E 000		
L 000	INITIAL COMMENTS An unannounced on-site recertification survey was conducted by the Division of Licensing & Protection on 3/18-3/20/19. The agency was found to be in substantial compliance with the Hospice Regulations.	L 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.