



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

February 3, 2023

Ms. Andrea Patrick-Baudet, Director
Franklin County Home Health & Hospice
3 Home Health Circle, Suite 1
St. Albans, VT 05674

Provider Number: #471501

Dear Ms. Patrick-Baudet:

On **January 25, 2023** staff from the Division of Licensing and Protection conducted a recertification survey at Franklin County 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 Hospice 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 **February 13, 2022**. Please keep a copy for your records.

Sincerely,

A handwritten signature in cursive script, appearing to read "Suzanne Leavitt".

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

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471501	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/25/2023
NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY HOME HEALTH & HO			STREET ADDRESS, CITY, STATE, ZIP CODE 3 HOME HEALTH CIRCLE SUITE 1 , SAINT ALBANS, Vermont, 05478	
(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 During an unannounced onsite recertification survey from 1-23-2023 through 1-25-2023 the Federal Emergency Preparedness Program for the Hospice Agency was reviewed. The Agency was found to be in substantial compliance for the Emergency Preparedness Program Conditions of Participation at 418.113.	E0000		
L0000	INITIAL COMMENTS An unannounced onsite recertification and staff vaccination requirement review was completed from 1-23-2023 through 1-25-2023 by The Division of Licensing and Protection to determine compliance with the Conditions of Participation for Hospice Agencies at 418.52 to 418.116. The Agency was found to be in substantial regulatory compliance.	L0000		

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
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