



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC2 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

June 3, 2019

Kathleen Demars, Administrator
Lamoille Home Health & Hospice
54 Farr Avenue
Morrisville, VT 05661-9181

Provider ID #:477015

Dear Ms. Demars:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 8, 2019**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne E. Leavitt RN, MS".

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

Enclosure

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

PRINTED: 05/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2019
NAME OF PROVIDER OR SUPPLIER LAMOILLE HOME HEALTH & HOSPICE		STREET ADDRESS, CITY, STATE, ZIP CODE 54 FARR AVENUE MORRISVILLE, VT 05661	
(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
G 000	INITIAL COMMENTS	G 000	
E 029	<p>An unannounced onsite Recertification survey, to include the Emergency Preparedness Regulations, was conducted by the Division of Licensing & Protection on 5/6-8/2019. The following regulatory violations were indentified as a result of the Emergency Preparedness review.</p> <p>Development of Communication Plan CFR(s): 484.102(c)</p> <p>(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least annually.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to develop and maintain an emergency preparedness communication plan. Findings include:</p> <p>Per record review on 5/6/19, although the facility gathered various components of an emergency preparedness communication plan, and could explain how they would communicate in general during an emergency, the Agency failed to develop and maintain an actual current communication plan ready to be utilized in the event of an emergency. Per interview on 5/6/19 at 11 AM, the Emergency Preparedness Coordinator confirmed there was not an emergency preparedness communication plan compiled in one location.</p>	E 029	<p>5/20/19</p> <p>Our emergency preparedness communication plan is currently being developed by our coordinator. The plan will be completed by June 25th 2019 and presented to our Board of Directors for approval.</p> <p>Kathy Demars RN Executive Director 5/21/19</p> <p>Pocant 6.3.19 MH/sl</p>

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.

Division of Licensing and Protection

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H 001	<p>Initial Comments</p> <p>An unannounced onsite Designation survey was conducted by the Division of Licensing & Protection on 5/6-8/2019. The Agency was determined to be in substantial compliance as a result of the survey.</p>	H 001	<p><i>Kathy Demars RN</i> <i>Executive Director</i> <i>5/21/19</i> <i>Documt 6.3.19 mnd/d</i></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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