



AGENCY OF HUMAN SERVICES

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DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVINGDivision 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

May 13, 2019

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

Dear Ms. Demars:

The Division of Licensing and Protection completed a survey at your facility on **May 8, 2019**. 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.

Please sign and date the enclosed CMS 2567 and return to our office by **May 23, 2019**. Please keep a copy for your records.

Sincerely,

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

Enclosure

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VT477015</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/08/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LAMOILLE HOME HEALTH &amp; HOSPICE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>54 FARR AVENUE MORRISVILLE, VT 05661</b>
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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) COMPLETE DATE
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H 001	Initial Comments  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.	H 001		
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Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE