



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
To Report Adult Abuse: (800) 564-1612
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330

August 2, 2023

Ms. Lyne Limoges, Administrator
Orleans Essex VNA & Hospice
46 Lakemont Road
Newport, VT 05855

Dear Ms. Limoges:

The Division of Licensing and Protection completed a recertification survey at your facility on **July 19, 2023**. 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 **August 12, 2023**. Please keep a copy for your records.

Sincerely,

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

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

Enclosure

Vermont State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0477018	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/19/2023
NAME OF PROVIDER OR SUPPLIER Orleans Essex VNA & Hospice			STREET ADDRESS, CITY, STATE, ZIP CODE 46 Lakemont Road , Newport, Vermont, 05855	
(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
H0001	Initial Comments An unannounced onsite State Recertification Survey was conducted on 07/17/23 through 07/19/23 by the Division of Licensing and Protection. There were no regulatory violations identified.	H0001		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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