

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 <u>http://www.dail.vermont.gov</u> 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

May 9, 2024

Jessica Jennings, Administrator Saint Albans Healthcare and Rehabilitation Center 596 Sheldon Road Saint Albans, VT 05478-8011

Provider #: 475021

Dear Ms. Jennings:

The Division of Licensing and Protection conducted an onsite complaint investigation on **May 8**, **2024**. The purpose of the investigation was to determine if your facility was in compliance with Federal participation requirements of the Medicare/Medicaid Program. The investigation was completed on **May 8**, **2024**, and there were no regulatory violations related to the complaint allegations.

Sincerely,

Jamela M Cota RN

Pamela M. Cota, RN Licensing Chief

Enclosure

CENTERS FOR MEDICARE & MEDICARD SERVICES OMB NO. 0938-031 AND PLAN OF CORRECTION (a) provide provide a manufactory number of the provide provide a manufactory number of the provide number of the provide number of the provide number of the provide a manufactory number of the provide numeron of theprovide number of the provide number of the provide nu								APPROVED	
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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.

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