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

July 2, 2021

Dr. Stephen Leffler, CEO University Of Vermont Medical Center 111 Colchester Ave Burlington, VT 05401

Dear Dr. Leffler:

The Division of Licensing and Protection completed a complaint investigation at your facility on **June 30, 2021**. The purpose of the investigation was to determine if your facility met the conditions of participation for Acute Care Hospitals found in 42 CFR Part 482. This investigation found that your facility was in substantial compliance with the participation requirements.

Sincerely,

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Suzanne Leavitt, RN, MS State Survey Agency Director Assistant Director, Division of Licensing & Protection

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CENTERS FOR MEDICARE & MEDICAID SERVICES     OMB NO. 0983-0391       STREAM OF CORRECTION     IN PROVIDENTIGATION NUMBER     INTEL® FOR THE SUPPLY       AND FAN OF CORRECTION     IN PROVIDENTIGATION NUMBER     INTEL® FOR THE SUPPLY       AND FAN OF CORRECTION     IN PROVIDENTIGATION NUMBER     INTEL® CONSTRUCTION     INTEL® CONSTRUCTION       INME OF PROVIDER OR SUPPLIER     STREET ADDRESS. CITY. STATE, 2P CODE     INTEL® CONSTRUCTION     INTEL® CONSTRUCTION       VINTERSTY OF VERMONT MEDICAL CENTER     STREET ADDRESS. CITY. STATE, 2P CODE     INTEL® CONSTRUCTION     INTEL®	DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES				FORM APPROVED		
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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE THE CONTRACT OF CONTRACT		An unannounced on-site investigation of complaint #19370, #19391, #19418, and #19832 was conducted on 6/28/21 - 6/30/21 by the Division of Licensing and Protection as authorized by the Centers for Medicare and Medicaid to determine compliance with the following Conditions of Participation: Quality Assurance/Performance Improvement; Medical Staff; Nursing Services; Medical Record Services; Radiologic Services; and Emergency Services.							
			SUPPLIER REPRESENTATIVE'S SIGNATUR	/				(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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