VERMONT

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

September 11, 2024

Jayesh Shukla, Director
University Of Vermont Medical Center Dialysis
111 Colchester Ave
Burlington, VT 05401

Re: 472300

Dear Mr. Shukla:

Thank you for your cooperation with our surveyor during the recent survey of the End-Stage Renal Dialysis unit (ESRD) at University of Vermont Medical Center on **August 27, 2024**. The survey determined the entity to be in substantial compliance with Conditions of Participation for 42 CFR Part 405.2150. Please sign the enclosed CMS-2567 and return them to this office no later than **September 21, 2024**.

If you have any questions regarding the enclosed, please feel free to call this office.

Sincerely,

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

CC: Carol Muzzy, Accreditation and Regulatory Affairs Director

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	472300	A. BUILDING _____ B. WING _____	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY OF VERMONT MEDICAL CENTER DIALYSIS	**111 COLCHESTER AVE BURLINGTON, VT 05401**

(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
E 000	Initial Comments During an unannounced on-site re-certification survey from 8/26/24-8/27/24 , the Division of Licensing and Protection conducted a survey of the End Stage Renal Disease (ESRD) Unit's Emergency Preparedness Program to determine compliance with Conditions for Coverage at 42 CFR 494.62 Emergency Preparedness requirements for ESRD facilities. As a result of this survey, no regulatory violations were identified.	E 000		
V 000	INITIAL COMMENTS An unannounced on-site re-certification survey was conducted on 8/26/24 though 8/27/24 by the Division of Licensing and Protection to determine compliance with 42 Code of Federal Regulations Part 405 Subpart U, Conditions for Coverage at 42 CFR 494.1-494.180 requirements for End Stage Renal Disease Facilities. There were no regulatory violations identified. The facility was found to be in substantial compliance with the Conditions for Coverage for End Stage Renal Disease Services.	V 000		

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.