

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

6/27/2022

Ms. ADRIANNE JOHNSON ROSS, DIRECTOR
UVMNH HOME HEALTH & HOSPICE
1110 PRIM ROAD
COLCHESTER, VT 05446

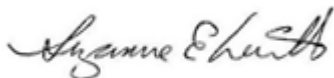
Provider Number: 477000

Dear Ms. Johnson Ross:

On **June 15, 2022** staff from the Division of Licensing and Protection completed a recertification survey at UVMNH HOME HEALTH AND HOSPICE. The purpose of the survey was to determine if your agency was in compliance with Federal participation requirements for a Home Health Agency participating in the Medicare/Medicaid programs. This survey found that your facility was in substantial compliance with the participation requirements.

Please keep a copy for your records.

Sincerely,



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

Enclosure

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477000 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 06/15/2022 |
|--|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER UVMHN HOME HEALTH AND HOSPICE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1110 PRIM ROAD , COLCHESTER, Vermont, 05446 | |
| (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 |
| E0000 | Initial Comments An unannounced onsite review of the federal emergency preparedness regulations was conducted by the Division of Licensing and Protection on 6/15/2022. There were no regulatory deficiencies identified as a result of this review. | E0000 | | |
| G0000 | INITIAL COMMENTS An unannounced onsite Federal recertification survey was conducted by the Division of Licensing and Protection on 6/13- 6/15/2022. There were no regulatory deficiencies identified during the survey. | G0000 | | |

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 reverse for further 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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|---|-------|-----------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|-------|-----------|