

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

6/27/2022


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

Dear Ms. Johnson Ross:

The Division of Licensing and Protection completed a survey at your facility on **June 15, 2022**. 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 keep a copy for your records.

Sincerely,



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: 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
H0001	Initial Comments An unannounced onsite State re-licensure 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.	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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