

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

January 12, 2023

Christine Werneke, CEO  
UVMHN Home Health and Hospice  
1110 Prim Road, Suite 1  
Colchester, VT 05446

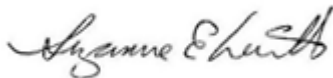
Provider Number: 471500

Dear [Short Admin Salutation (Mr. Jones)()]:

On **January 11, 2023**, staff from the Division of Licensing and Protection conducted a recertification survey at UVMHN 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 sign and date the enclosed CMS 2567 and return to our office by **January 24, 2023**. Please keep a copy for your records.

Sincerely,



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

Enclosure

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>471500</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>01/11/2023</b>
NAME OF PROVIDER OR SUPPLIER <b>UVMHN HOME HEALTH AND HOSPICE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1110 PRIM ROAD, SUITE 1 , COLCHESTER, Vermont, 05446</b>	
(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 on-site Emergency Preparedness (EP) review was conducted in conjunction with the annual re-certification survey, by the Division of Licensing and Protection from 1/9/2023 through 1/11/2023. There were no EP regulatory violations identified.	E0000		
L0000	INITIAL COMMENTS  An unannounced on-site annual re-certification survey, by the Division of Licensing and Protection from 1/9/2023 through 1/11/2023. There were no regulatory violations identified.	L0000		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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