



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

June 5, 2023

Ms. Johanna Beliveau, Administrator
VNA Of VT & NH
88 Prospect Street
White River Junction, VT 05001

Provider Number: 477002

Dear Ms. Beliveau:

On **May 10, 2023**, staff from the Division of Licensing and Protection conducted a recertification survey in conjunction with a complaint investigation at VNA Of VT & NH. 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 **June 15, 2023**. Please keep a copy for your records.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne Leavitt".

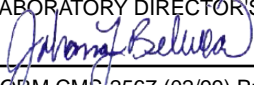
Suzanne Leavitt, RN, MS
State Survey Agency Director
Assistant Division Director

Enclosure

VNA and Hospice of Vermont and New Hampshire, Inc.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477002	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/10/2023
NAME OF PROVIDER OR SUPPLIER VNA Of VT & NH			STREET ADDRESS, CITY, STATE, ZIP CODE 88 Prospect Street , White River Junction, Vermont, 05001	
(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 recertification survey was conducted from 05/08/23 through 05/10/23. The Federal Emergency Preparedness (EP) Program Condition of Participation at 484.102 for this Home Health Agency was reviewed. There were no EP regulatory violations.	E0000		
G0000	INITIAL COMMENTS An unannounced onsite recertification and staff vaccination requirement review was completed in conjunction with a complaint investigation from 05/08/23 through 05/10/23 by The Division of Licensing and Protection to determine compliance with the Conditions of Participation for Home Health Agencies. There were no regulatory violations.	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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE President & CEO	(X6) DATE 6/12/23
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