



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

August 19, 2014

Celine McGill, Administrator
Bayada Home Health Care
80 Pearl Street
Essex Junction, VT 05452-3668

Provider #: 477019

Dear Ms.. McGill:

The Division of Licensing and Protection conducted an onsite complaint investigation on **August 11, 2014**. The purpose of the investigation was to determine if your facility was in compliance with State Regulations for the Designation and Operation of Home Health Agencies. The investigation was completed on **August 13, 2014** and there were no regulatory violations related to the complaint allegations.

Sincerely,

A handwritten signature in cursive script that reads "Frances L. Keeler".

Frances L. Keeler, RN, MSN, DBA
State Survey Agency Director
Assistant Division Director

FK:jl

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/13/2014
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NAME OF PROVIDER OR SUPPLIER BAYADA HOME HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 80 PEARL STREET ESSEX JUNCTION, VT 05452
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(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) COMPLETE DATE
H 001 SS=A	<p>Initial Comments</p> <p>An unannounced onsite self-reported incidents and complaint investigation was conducted by the Division of Licensing and Protection on 08/11/14 -08/12/14, and concluded on 08/13/14. There were no state regulatory violations identified.</p>	H 001		

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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