

December 13, 2013

Ms. Sandy Rouse,
Central Vermont Home Health & Hospice
600 Granger Road
Barre, VT 05641-5369

Dear Ms. Rouse:

The Division of Licensing and Protection completed the complaint investigation at your facility on **November 21, 2013**. The purpose of the complaint investigation was to determine if your facility was in compliance with Vermont Regulations for the Designation and Operation of Home Health Agencies. This survey found two deficiencies that require a plan of correction. Please enter the Plan of Correction in the column to the right of the deficiency. Attach additional pages if necessary.

Please **sign and date the bottom of the first page of the report and return** this report to this office no later than **December 23, 2013**.

Plan of Correction (POC)

Your POC must contain the following:

- What action you will take to correct the deficiency;
- What measures will be put into place or what systemic changes you will make to assure that the deficient practice does not recur; and,
- How the corrective actions will be monitored so the deficient practice does not recur.

If you disagree with the existence or accuracy of a deficiency, please provide comments in the column to the right of the deficiency statement.

You may also request an informal review of all or part of the contents of the notice at any time prior to **December 23, 2013** by calling Frances Keeler, Assistant Division Director at (802) 871-3317. If you are not satisfied with the outcome of the informal review with the Division, you may request a review by the Commissioner of Disabilities, Aging and Independent Living. To request a review with the Commissioner, call (802) 871-3350.

The Department is authorized to impose sanctions for failure to correct a deficiency and/or failure to provide proof of correction by the specified Correction Date. Depending on the nature of the violations, the following sanctions may be imposed: administrative penalties for each day the violation remains uncorrected; suspension, revocation or modification of designation; refuse to renew a designation; suspension of admissions; injunctive relief to enjoin any act or omission; the appointment of a receiver for an agency; and a temporary manager. If you feel strict compliance with the law or regulations would impose a substantial hardship, you may apply to the Department for a variance as stated under Section 1.4 of the Vermont Regulations for Designation and Operation of Home Health Agencies. You must do so prior to **December 23, 2013**.

Appeals

As noted above, you may seek an informal review from Frances Keeler, Assistant Division Director, or a Commissioner's review of this decision. In addition, you have a right to request a fair hearing with the Human Services Board. Decisions by the Department of Disabilities, Aging and Independent Living can be appealed to the Human Services Board pursuant to 3 V.S.A. §3091. The request for a fair hearing before the Human Services Board must be made within thirty (30) days of your receipt of the notice of this decision, and can be made by writing to the Board at 118 State Street, Drawer 20, Montpelier, VT 05620-4301. You have a right to appear before the Board and to present witnesses and other evidence with regard to the case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Please contact me at 871-3317 if you have any questions.

Sincerely,



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

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