

## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

103 South Main Street

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

January 9, 2015

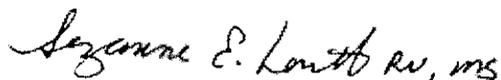
Ms. Sandy Rouse,  
Central Vermont Home Health & Hospice  
600 Granger Road  
Barre, VT 05641-5369

Dear Ms. Rouse:

The Division of Licensing and Protection completed a complaint investigation at your facility on **January 5, 2015**. The purpose of the investigation was to determine if your agency was in compliance with Regulations for the Designation and Operation of Home Health Agencies. There were no regulatory violations as a result of this investigation.

If you have any questions regarding this report, please feel free to contact this office at (802) 871-3317.

Sincerely,



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

Enclosure

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VT477003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/05/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CENTRAL VERMONT HOME HEALTH &amp; HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 GRANGER ROAD BARRE, VT 05641</b>
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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
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H 001	<p><b>Initial Comments</b></p> <p>An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 1/5/15. There were no state regulatory violations identified.</p>	H 001		
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Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_