



AGENCY OF HUMAN SERVICES
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

October 8, 2014

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

Dear Ms. Rousse:

The Division of Licensing and Protection completed a complaint investigation at your facility on **September 22, 2014**. 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,

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

Frances L. Keeler, RN, MSN, DBA
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: VT477003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/22/2014
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CENTRAL VERMONT HOME HEALTH & HOSPI	STREET ADDRESS, CITY, STATE, ZIP CODE 600 GRANGER ROAD BARRE, VT 05641
--	--

(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	Initial Comments An unannounced onsite investigation of two self-reports and one complaint was conducted by the Division of Licensing and Protection on 9/22/14. There were no regulatory findings identified.	H 001		
-------	---	-------	--	--

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