

## 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 17, 2014

Ms. Kathleen Demars,  
Lamoille Home Health & Hospice  
54 Farr Avenue  
Morrisville, VT 05661-9181

Dear Ms. Demars:

The Division of Licensing and Protection completed a complaint investigation at your facility on **October 4, 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,



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

Enclosure

FK:kc

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VT477015</b>	(X2) MULTIPLE CDNSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/14/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LAMOILLE HOME HEALTH &amp; HOSPICE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>54 FARR AVENUE</b> <b>MORRISVILLE, VT 05661</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
H 001	Initial Comments  An unannounced onsite investigation into two self-reported incidents was conducted by the Division of Licensing and Protection on 10/14/14. There were no regulatory findings under the Designation and Operation of Home Health Agencies.	H 001		

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