

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

December 20, 2013

Ms. Barbara Keough,
Manchester Health Services
Po Box 1224
Manchester Center, VT 05255

Dear Ms. Keough:

The Division of Licensing and Protection conducted a survey at your agency on **December 11, 2013**. The purpose of the survey was to determine if your agency was in compliance with Federal participation requirements for Home Health and Hospice Agencies participating in the Medicare and Medicaid programs. As a result, deficiencies were found and require a plan of correction.

Please write or type your plan of correction including a correction date in the space provided on the enclosed CMS-2567 form. Please **sign, date, and return** this report to this office no later than **December 30, 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 importance of a deficiency, please make a statement on the right hand side opposite the deficiency. If you feel that strict compliance with the law or regulation will impose a substantial hardship, you may apply to the Department for a variance.

You are reminded that deficiency forms are available to the general public after a specific period of time. Therefore, please be specific in your statements concerning corrective actions. If you have any questions regarding the deficiency statement please do not hesitate to contact me at (802) 871-3317.

Sincerely,



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