

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

June 4, 2014

Ms. Vicki Sayarath,
Orleans Essex Vna & Hospice
46 Lakemont Road
Newport, VT 05855-1550

Dear Ms. Sayarath:

The Division of Licensing and Protection completed a complaint investigation at your facility on **May 20, 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

FK:jl

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0477018	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/20/2014
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NAME OF PROVIDER OR SUPPLIER ORLEANS ESSEX VNA & HOSPICE	STREET ADDRESS, CITY, STATE, ZIP CODE 46 LAKEMONT ROAD NEWPORT, VT 05855
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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	<p>Initial Comments</p> <p>An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 5/20/14. There were no regulatory violations identified.</p>	H 001		

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