

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

September 3, 2013

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

Dear Ms. Warner:

The Division of Licensing and Protection completed a complaint investigation at your facility on **August 28, 2013**. 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,



Pamela Cota, RN
Licensing Chief

PC: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 08/28/2013
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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
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H 001	Initial Comments An unannounced onsite investigation into a self-reported incident was conducted by the Division of Licensing and Protection on 8/28/13. There were no regulatory findings.	H 001		
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Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/03/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 477018	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/28/2013
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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G 000	<p>INITIAL COMMENTS</p> <p>An unannounced onsite investigation into a self-reported incident was conducted by the Division of Licensing and Protection on 8/28/13. There were no regulatory findings.</p>	G 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.