

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 26, 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 **June 24, 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 and Federal participation requirements of the Medicare/Medicaid Program. 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:  <b>0477018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/24/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ORLEANS ESSEX VNA &amp; HOSPICE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>46 LAKEMONT ROAD NEWPORT, VT 05855</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
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H 001 SS=A	<p>Initial Comments</p> <p>An unannounced on site self-report investigation was conducted on 06/24/13 by the Division of Licensing and Protection. There are no State regulatory findings.</p>	H 001		
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Division of Licensing and Protection

TITLE

(X6) DATE

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/26/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>477018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/24/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ORLEANS ESSEX VNA &amp; HOSPICE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>46 LAKEMONT ROAD</b> <b>NEWPORT, VT 05855</b>
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G 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced on-site self report investigation was conducted on 06/24/13 by the Division of Licensing and Protection. The following are no Federal regulatory findings.</p>	G 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.