

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 23, 2013

Ronald Cioffi, Director  
Rutland Area Vna  
7 Albert Cree  
Rutland, VT 05701

Dear Mr. Cioffi:

The Division of Licensing and Protection completed the unannounced onsite complaint investigation at your facility on **December 17, 2013**. The purpose of the complaint investigation was to determine if your facility was in compliance with Vermont Regulations for the Designation and Operation of Home Health Agencies. This survey found the most serious deficiency in your facility to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy. You must submit a plan of correction. Please write/type the Plan of Correction in the space provided to the right. A completion date for each plan of correction must be indicated in the far right hand column. Attach additional pages if necessary.

Please **sign, date and return** this report to this office no later than **January 2, 2014**.

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 accuracy of a deficiency, please provide comments in the space to the right of the deficiency statement.

You may also request an informal review of all or part of the contents of the notice at any time prior to **January 2, 2014** by calling Frances Keeler, Assistant Division Director, at (802) 871-3317. If you are not satisfied with the outcome of the informal review with the Division, you may request a review by the Commissioner of Disabilities, Aging and Independent Living. To request a review with the Commissioner, call (802) 871-3350.

The Department is authorized to impose sanctions for failure to correct a deficiency and/or failure to provide proof of correction by the specified Correction Date. Depending on the nature of the violations, the following sanctions may be imposed: administrative penalties for each day the violation remains uncorrected; suspension, revocation or modification of designation; refuse to renew a designation; suspension of admissions; injunctive relief to enjoin any act or omission; the appointment of a receiver for an agency; and a temporary manager. If you feel strict compliance with the law or regulations would impose a substantial hardship, you may apply to the Department for a variance as stated under Section 1.4 of the Vermont Regulations for Designation and Operation of Home Health Agencies. You must do so prior to **January 2, 2014**.

#### Appeals

As noted above, you may seek an informal review from Frances Keeler, Assistant Division Director, or a Commissioner's review of this decision. In addition, you have a right to request a fair hearing with the Human Services Board. Decisions by the Department of Disabilities, Aging and Independent Living can be appealed to the Human Services Board pursuant to 3 V.S.A. §3091. The request for a fair hearing before the Human Services Board must be made within thirty (30) days of your receipt of the notice of this decision, and can be made by writing to the Board at 118 State Street, Drawer 20, Montpelier, VT 05620-4301. You have a right to appear before the Board and to present witnesses and other evidence with regard to the case. You also have a right to be represented by an attorney at the Human Services Board fair hearing.

Please contact me at 871-3317 if you have any questions.

Sincerely,



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

FK:jl