

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 3, 2013

Ron Cioffi, Administrator
Rutland Area Vna
7 Albert Cree
Rutland, VT 05701

Provider #: 477007

Dear Mr. Cioffi:

The Division of Licensing and Protection conducted an onsite complaint investigation on **May 28, 2013**. The purpose of the investigation was to determine if your facility was in compliance with State Regulations for the Designation and Operation of Home Health Agencies. The investigation was completed on **May 29, 2013** and there were no regulatory violations related to the complaint allegations.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VT477007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/29/2013
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NAME OF PROVIDER OR SUPPLIER RUTLAND AREA VNA	STREET ADDRESS, CITY, STATE, ZIP CODE 7 ALBERT CREE RUTLAND, VT 05701
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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 complaint investigation was completed by the Division of Licensing and Protection on 5/28/13 and 5/29/13 to assess compliance with State Designation Rules. The Home Health Agency was found to be in substantial compliance.	H 001		
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Division of Licensing and Protection	TITLE	(X6) DATE
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____

STATE FORM: 6899 FK0V11 If continuation sheet 1 of 1