

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

To Report Adult Abuse: (800) 564-1612

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

August 22, 2016

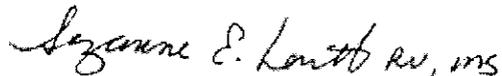
Ron Cioffi, Director
Rutland Area Visiting Nurse Association & Hospice
7 Albert Cree
Rutland, VT 05701-4648

Dear Mr. Cioffi:

The Division of Licensing and Protection completed a complaint investigation at your facility on **August 17, 2016**. 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) 241-0480.

Sincerely,



Suzanne Leavitt, RN, MS
Assistant Division Director
Director State Survey Agency

Division of Licensing and Protection

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| 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 08/17/2016 |
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|---|---|
| NAME OF PROVIDER OR SUPPLIER RUTLAND AREA VISITING NURSE ASSOCIATI | STREET ADDRESS, CITY, STATE, ZIP CODE 7 ALBERT CREE RUTLAND, VT 05701 |
|---|---|

| (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 investigation of an agency self report was conducted on 08/17/16 by the Division of Licensing and Protection. There were no State Designation regulatory violations identified as a result of this investigation. | H 001 | | |
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Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____