

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 9, 2013

Mr. Ronald Cioffi, Director
Southwestern VT Hospice Network
7 Albert Cree Drive
Rutland, VT 05702-0787

Dear Mr. Cioffi:

The Division of Licensing and Protection conducted a survey at your agency on **August 28, 2013**. The purpose of the survey was to determine if your agency was in compliance with Federal participation requirements for Hospice Agencies participating in the Medicare and Medicaid programs. As a result, four deficiencies were found and require a plan of correction.

Please write or type your plan of correction including a correction date in the space provided on the enclosed CMS-2567 form. You must sign and date the form on page 1 and return it to our office by **September 19, 2013**. If you disagree with the existence or importance of a deficiency, please make a statement on the right hand side opposite the deficiency.

You are reminded that deficiency forms are available to the general public after a specific period of time. Therefore, please be specific in your statements concerning corrective actions. If you have any questions regarding the deficiency statement please do not hesitate to contact me at (802) 871-3317.

Sincerely,



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

Enclosure