VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection
103 South Main Street
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

March 26, 2015

Ms. Judy Peterson, Director
Visiting Nurse Association
1110 Prim Road
Colchester, VT 05446-6405

Dear Ms. Peterson:

The Division of Licensing and Protection completed a complaint investigation at your facility on **March 25, 2015**. 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) 871-3317.

Sincerely,

Suzanne E. Leavitt RN, MSN

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

Division of Licensing and Protection

STATEMENT DF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATIDN NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VT477000	A. BUILDING: _____ B. WING _____	C 03/25/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISITING NURSE ASSOCIATION	1110 PRIM ROAD COLCHESTER, VT 05446

(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
H 001	Initial Comments An on site investigation of a complaint and an agency self report was conducted by the Division of Licensing and Protection on 03/25/2015. There were no state regulatory deficiencies identified with either.	H 001		

Division of Licensing and Protection
LABORATORY DIRECTOR'S DR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE