



VERMONT

AGENCY OF HUMAN SERVICES

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

October 7, 2014

Ms. Jeanne McLaughlin,
VNA of VT & NH
1 Hospital Court
Bellows Falls, VT 05101-1489

Dear Ms. McLaughlin:

The Division of Licensing and Protection conducted a survey at your agency on **September 26, 2014**. The purpose of the survey was to determine if your agency was in compliance with Federal participation requirements for Home Health and Hospice Agencies participating in the Medicare and Medicaid programs. As a result, five 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. Please **sign, date, and return** this report to this office no later than **October 17, 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.

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

