

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

October 6, 2014

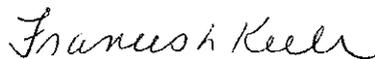
Jeanne McLaughlin, Administrator
Vna Of Vt & Nh
1 Hospital Court
Bellows Falls, VT 05101-1489

Provider #: 477002

Dear Ms. McLaughlin:

The Division of Licensing and Protection conducted an onsite complaint investigation on **September 23, 2014**. The purpose of the investigation was to determine if your facility was in compliance with Regulations for the Designation and Operation of Home Health Agencies. The investigation was completed on **September 26, 2014** and there were no regulatory violations related to the complaint allegations.

Sincerely,



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

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VT477002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/26/2014
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NAME OF PROVIDER OR SUPPLIER VNA OF VT & NH	STREET ADDRESS, CITY, STATE, ZIP CODE 1 HOSPITAL COURT BELLOWS FALLS, VT 05101
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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
H 001 SS=A	<p>Initial Comments</p> <p>An unannounced onsite complaint investigation and self reports was conducted by the Division of Licensing and Protection on 09/23/14 and concluded on 09/26/14. There were no State Designation Regulatory findings.</p>	H 001		

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PRDVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____