

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 12, 2013

Mr. Steven Gordon, Ceo
Brattleboro Memorial Hospital
17 Belmont Ave
Brattleboro, VT 05301

Provider ID #: 470011

Dear Mr. Gordon:

The Division of Licensing and Protection completed a complaint investigation at your facility on **September 4, 2013**.

Enclosed is your Statement of Deficiencies and Plan of Correction form in which five standard level deficiencies were cited. Due to the nature of the cited deficiencies, the facility should initiate immediate corrective action. In the right hand column, please show your Plan of Correction for each deficiency. Please type your statements, sign and date each page and return the forms to this office no later than **September 22, 2013**. If you disagree with the existence or importance of a deficiency, please make your statements on the right hand side opposite the deficiency. The POC is your allegation of compliance and must contain the following:

- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- The dates corrective action will be completed.

If you have any questions regarding your Statement of Deficiencies, please contact me at (802) 871-3317.

Sincerely,



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