

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

July 21, 2014

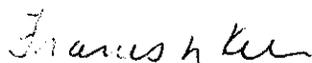
Judy Tarr-Tartaglia, Administrator
Central Vermont Medical Center
Box 547
Barre, VT 05641

Provider #: 470001

Dear Ms. Tarr-Tartaglia:

The Division of Licensing and Protection conducted an onsite complaint investigation on **June 23, 2014**. The purpose of the investigation was to determine if your facility was in compliance with Federal participation requirements of the Medicare/Medicaid Program. The investigation was completed on **June 24, 2014** and there were no regulatory violations related to the complaint allegations.

Sincerely,



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

FK:jl

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/21/2014
FORM APPROVED
OMB NO. 0938-0391

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|--|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 470001 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 06/24/2014 |
| NAME OF PROVIDER OR SUPPLIER CENTRAL VERMONT MEDICAL CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE BOX 547 BARRE, VT 05641 | | |
| (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) COMPLETION DATE |
| A 000 | INITIAL COMMENTS An unannounced on-site complaint investigation was conducted on 6/23/14 and 6/24/14 by the Division of Licensing and Protection. There were no regulatory violations identified related to complaint #11887. | A 000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.