

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

December 18, 2013

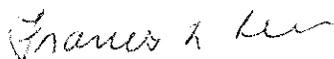
John Brumsted, Administrator
Fletcher Allen Hospital Of Vermont
111 Colchester Ave
Burlington, VT 05401

Dear Dr. Brumsted:

The Division of Licensing and Protection completed a complaint investigation at your facility on **December 17, 2013**. The purpose of the investigation was to determine if your facility met the conditions of participation for Acute Care Hospitals found in 42 CFR Part 482. This investigation found that your facility was in substantial compliance with the participation requirements.

Please sign the enclosed CMS-2567 and return to this office by January 1, 2014 .

Sincerely,



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

FK:jl

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

PRINTED: 12/18/2013
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 470003 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 12/17/2013 |
|--|---|--|---|

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|---|---|
| NAME OF PROVIDER OR SUPPLIER FLETCHER ALLEN HOSPITAL OF VERMONT | STREET ADDRESS, CITY, STATE, ZIP CODE 111 COLCHESTER AVE BURLINGTON, VT 05401 |
|---|---|

| (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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

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| A 000 | <p>INITIAL COMMENTS</p> <p>An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection, on 12/16/13 and 12/17/13, as authorized by the Centers for Medicare and Medicaid Services to determine compliance with the Conditions of Participation for; Patient Rights, Nursing Services and Quality Assessment and Performance Improvement. There were no regulatory violations related to complaints #10777, #10839 and #10896.</p> | A 000 | | |
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|---|-------|-----------|
| 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.