

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

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To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

November 4, 2013

Mr. Melvyn Patashnick, Administrator
Copley Hospital
528 Washington Highway
Morrisville, VT 05661

Provider ID #: 471305

Dear Mr. Patashnick:

To participate in the Medicare & Medicaid programs, Critical Access Hospitals must meet the requirements in the Code of Federal Regulations (CFR) 485 established by Centers for Medicare & Medicaid Services (CMS). Failure to comply with all Conditions of Participation may result in a termination of your provider agreement.

A survey was completed at your hospital on October 29, 2013. Based upon survey findings, Copley Hospital was found to be out of compliance with Conditions of Participation for Provision of Services 485.635 and Periodic Evaluation and AQ Review 485.641, as well as several standard level requirements.

This letter serves to notify you of Copley Hospital failure to comply with the Conditions of Participation stated above. The projected date on which your agreement will terminate is January 27, 2014

Please submit a plan of correction for all deficiencies by November 14, 2013. A revisit will occur.

If you have any questions concerning this letter please contact me at (802) 871-3317.

Sincerely,



Pamela Cota, RN
Licensing Chief