

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

April 7, 2016

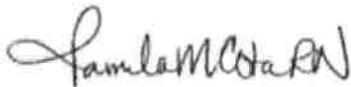
Mr. William Peck
North Country Ob/gyn Services
81 Medical Village Drive Suite 2
Newport, VT 05855

Dear Mr. Peck:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on March 22, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 473982	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/22/2016
NAME OF PROVIDER OR SUPPLIER NORTH COUNTRY OB/GYN SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 81 MEDICAL VILLAGE DRIVE SUITE 2 NEWPORT, VT 05855		
(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	
J 000	INITIAL COMMENTS	J 000			
J 077	<p>An unannounced on-site recertification survey was completed on 3/22/16 by the Vermont Division of Licensing and Protection. The following regulatory violation was found.</p> <p>491.11(a) ANNUAL TOTAL PROGRAM EVALUATION</p> <p>The clinic ... carries out, or arranges for an annual evaluation of its total program.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and record review, the Rural Health Clinic failed to assure timely completion of the required Program Evaluation on an annual basis. Findings include:</p> <p>Per interview with the Practice Manager on 3/21/16 at 1:30 PM, the most recent Program Evaluation for the Rural Health Clinic was completed on 7/11/14, greater than one year previous to the current survey. All required elements stated in the Conditions for Coverage for Rural Health Clinics under Program Evaluation must be evaluated on at least an annual basis. The current Practice Manager stated that they have completed some parts of the evaluation, including a review of current Policies and Procedures, but they have not completed and documented the evaluation of all elements.</p>	J 077	<p>By May 1, 2016, Staff of North Country Obstetrics and Gynecology will have completed its annual evaluation of its total program.</p> <p>The Practice Manager and a designee have placed electronic reminders into their Outlook Calendars in order to ensure that the annual total program evaluation is completed each year.</p> <p>Poc amount #616 MRS. [Signature]</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Melissa Mallup TITLE Practice Manager (X6) DATE 4-6-16

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.