

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

February 14, 2014

Timothy Ford, Director
Springfield Hospital
PO Box 2003
Springfield, VT 05156

Provider ID #: 471306

Dear Mr. Ford:

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 February 4, 2014. Based upon survey findings, Springfield Hospital was found to be out of compliance with Conditions of Participation for 0250 - Staffing and Staff Responsibilities - 485.631, as well as several standard level requirements.

This letter serves to notify you of Springfield Hospital failure to comply with the Conditions of Participation stated above. The projected date on which your agreement will terminate is May 5, 2014

Please submit a plan of correction for all deficiencies by February 24, 2014. A revisit will occur.

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

Sincerely,



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

