

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

November 27, 2013

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

Provider ID #: 471306

Dear Mr. Ford:

On **November 14, 2013**, the Division of Licensing and Protection conducted a complaint investigation at your facility. After a careful review of the findings, we have determined that your hospital is in compliance with all Condition Level Requirements for the Medicare Conditions of Participation for Critical Access Hospitals (CAH). However, seven deficiencies were cited at the standard level. The deficiencies identified are listed on the enclosed form CMS-2567 Statement of Deficiencies.

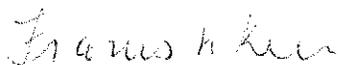
Since the hospital was not in compliance with all standard level requirements for Centers for Medicare & Medicaid Services (CMS) at CFR 485 (Critical Access Hospitals) regulations you must submit a Plan of Correction (POC) to this office by **December 7, 2013**. Under Federal disclosure rules a copy of the findings of this Medicare survey must be publicly disclosed within 90 days of the completion.

The POC is your allegation of compliance and must contain the following:

- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective actions will be monitored to ensure the deficient practice will not reoccur, i.e., what quality assurance program will be put into place.
- The dates corrective action will be completed.

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