

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

June 27, 2022

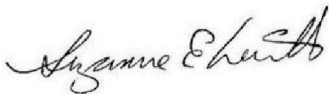
Joseph Woodin, President and CEO
Copley Hospital
528 Washington Highway
Morrisville, VT 05661

Dear Mr. Woodin:

The Division of Licensing and Protection completed a recertification survey at your facility on **May 18, 2022**. The purpose of the survey was to determine if your facility met the conditions of participation for Critical Access Hospitals found in 42 CFR Part 485.

Following the survey, your facility submitted a Plan of Corrections (POC) which was found to be acceptable on **June 24, 2022**.

Sincerely,



Suzanne Leavitt, RN, MS
State Survey Agency Director
Assistant Director, Division of Licensing & Protection

Enclosure

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

PRINTED: 05/31/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471305	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2022
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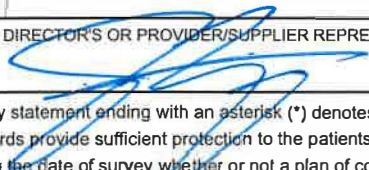
NAME OF PROVIDER OR SUPPLIER COPLEY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661
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C 000	INITIAL COMMENTS	C 000		
C1260	<p>An unannounced on-site re-certification survey and staff vaccination requirement review were conducted on 5/16/22 through 5/18/22 by the Division of Licensing and Protection to determine compliance with the Conditions of Participation for Critical Access Hospitals (CAH's) at 42 CFR. Part 485, Subpart F. The following regulatory violations were identified.</p> <p>COVID-19 Vaccination of Facility Staff CFR(s): 485.640 (f)(1)-(3)(i)-(x)</p> <p>§ 485.640 Condition of participation: Infection prevention and control and antibiotic stewardship programs. (f) Standard: COVID-19 Vaccination of CAH staff. The CAH must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. For purposes of this section, staff are considered fully vaccinated if it has been 2 weeks or more since they completed a primary vaccination series for COVID-19. The completion of a primary vaccination series for COVID-19 is defined here as the administration of a single-dose vaccine, or the administration of all required doses of a multi-dose vaccine. (1) Regardless of clinical responsibility or patient contact, the policies and procedures must apply to the following CAH staff, who provide any care, treatment, or other services for the CAH and/or its patients: (i) CAH employees; (ii) Licensed practitioners; (iii) Students, trainees, and volunteers; and (iv) Individuals who provide care, treatment, or other services for the CAH and/or its patients, under</p>	C1260		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



CEO

06/08/22

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.

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C1260	<p>Continued From page 1</p> <p>contract or by other arrangement.</p> <p>(2) The policies and procedures of this section do not apply to the following CAH staff:</p> <p>(i) Staff who exclusively provide telehealth or telemedicine services outside of the CAH setting and who do not have any direct contact with patients and other staff specified in paragraph (f)(1) of this section; and</p> <p>(ii) Staff who provide support services for the CAH that are performed exclusively outside of the CAH setting and who do not have any direct contact with patients and other staff specified in paragraph (f)(1) of this section.</p> <p>(3) The policies and procedures must include, at a minimum, the following components:</p> <p>(i) A process for ensuring all staff specified in paragraph (f)(1) of this section (except for those staff who have pending requests for, or who have been granted, exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the CAH and/or its patients;</p> <p>(iii) A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19;</p> <p>(iv) A process for tracking and securely documenting the COVID-19 vaccination status of all staff specified in paragraph (f)(1) of this section;</p> <p>(v) A process for tracking and securely documenting the COVID-19 vaccination status of</p>	C1260		

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C1260	Continued From page 2 any staff who have obtained any booster doses as recommended by the CDC; (vi) A process by which staff may request an exemption from the staff COVID-19 vaccination requirements based on an applicable Federal law; (vii) A process for tracking and securely documenting information provided by those staff who have requested, and for whom the CAH has granted, an exemption from the staff COVID-19 vaccination requirements based on recognized clinical contraindications or applicable Federal laws; (viii) A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines and which supports staff requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and for further ensuring that such documentation contains (A) All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and (B) A statement by the authenticating practitioner recommending that the staff member be exempted from the CAH's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications; (ix) A process for ensuring the tracking and secure documentation of the vaccination status of staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to	C1260			

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C1260	<p>Continued From page 3</p> <p>clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and (x) Contingency plans for staff who are not fully vaccinated for COVID-19.</p> <p>Effective 60 Days After Publication: (ii) A process for ensuring that all staff specified in paragraph (f)(1) of this section are fully vaccinated for COVID-19, except for those staff who have been granted exemptions to the vaccination requirements of this section, or those staff for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations; This STANDARD is not met as evidenced by: Based on interview and record review, the CAH failed to develop and implement comprehensive policies and procedures that ensured all staff were fully vaccinated for COVID-19. Findings include:</p> <p>Per review of the policy, "Copley Healthcare Worker Covid-19 Vaccination Policy", revised 4/7/22, the facility mitigation strategies and contingency plans were not comprehensive and/or updated for all staff who were not fully vaccinated for COVID-19.</p> <p>Per interview on 5/18/22 at 1:00 PM with the Director of Quality and Chief Administration and HR Officer, they confirmed that the facility policy was not comprehensive and did not reflect current regulatory guidance.</p> <p>Per review of the medical exemptions for 2 of 3</p>	C1260	<p>Using CMS Guidance QSO-22-07-ALL, revised on 4/05/22 added missing elements to Copley Staff COVID vaccination policy. Expanded "staff" definition to include clarification that individuals who provided services to Copley who have direct patient and/or direct staff contact were included. Expanded upon the elements specifically that had to be tracked. Expanded the vendor/subcontractor vaccination tracking procedure to clarify roles and responsibilities. CRT Committee reviewed these changes and approved. Hospital wide contract form was updated to add vaccination or approved exemption on file in HR. This will ensure that prior to any new as well as at renewal most service vendor's vaccination status will be confirmed as on file by Dept Leaders/Senior Leaders/CEO. Updated form will replace current form and communication sent to Department Leaders about changes.</p> <p>Policy expanded to include mitigation strategies and contingency plan to meet CMS COVID vaccinated staff compliance.</p>	<p>06/01/22</p> <p>06/08/22</p> <p>06/09/22</p> <p>06/01/22</p>

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C1260	Continued From page 4 staff members, the exemptions did not reflect the CDC recognized clinical contraindications for COVID-19 vaccines. During an interview on 5/18/22 at 1:52 PM, with the Employee Health Nurse and Chief Administration and HR Officer, they confirmed that the 2 of the 3 staff members reviewed did not have medical exemptions based on the CDC recognized clinical contraindications for COVID-19 vaccines.	C1260	Revisions made to Copley's Staff Vaccination Exemption request form. Additional required language for Medical Exemption based on clinical contraindication definition, specific vaccine or component and clinical reason for Practitioner recommendation statement supporting staff member is medically exempt from receiving vaccine added.	06/01/22
C1612	FREEDOM FROM ABUSE, NEGLECT & EXPLOITATION CFR(s): 485.645(d)(3) Freedom from abuse, neglect and exploitation (§483.12(a)(1), (a)(2), (a)(3)(i), (a)(3)(ii), (a)(4), (b)(1), (b)(2), (c)(1), (c)(2), (c)(3), and (c)(4) of this chapter). " §483.12(a)(1) Freedom from abuse, neglect, and exploitation. The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.(a) The facility must-(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; " §483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive	C1612	TAG C 1260 POC Accepted on 06/24/22 by T. Dougherty/S. Leavitt	

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C1612	<p>Continued From page 5</p> <p>alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.</p> <p>" §483.12(a)(3) Not employ or otherwise engage individuals who-</p> <p>(i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law;</p> <p>(ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property.</p> <p>" §483.12(a)(4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff.</p> <p>" §483.12(b) The facility must develop and implement written policies and procedures that:</p> <p>(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,</p> <p>(2) Establish policies and procedures to investigate any such allegations,</p> <p>" §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and</p>	C1612		

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C1612	<p>Continued From page 6</p> <p>misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>(2) Have evidence that all alleged violations are thoroughly investigated.</p> <p>(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.</p> <p>(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review the CAH failed to develop comprehensive policies and procedures for Swing Bed residents that prohibit and prevent, abuse, neglect, exploitation, and misappropriation of property. Findings include:</p> <p>Per review of the policy, "Patient/Swing Bed Residents Abuse Reporting: Adult", revised</p>	C1612		
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C1612	Continued From page 7 12/28/21. There was no evidence that the policy and/or procedure contained the time frame in which allegations involving abuse, neglect, exploitation, or mistreatment, to include injuries of an unknown origin and misappropriation of residents' property were reported, and to the required officials. There was also no indication of the process in which these allegations were to be fully investigated and if substantiated the appropriate corrective actions that would be taken. Per interview on 5/18/22 at 12:00 PM with the Director of Quality, S/He confirmed that the policy did not have the required time frame for reporting and to whom; and did not have a process for fully investigating allegations if substantiated and the corrective actions that would be taken.	C1612	Adult Vulnerable Patient Abuse, Neglect, or Exploitation Mandatory Reporting Policy updated to expand reporting requirements to include injuries of an unknown origin and misappropriation of property, added reporting deadline/timeframe, and added the process for investigation and corrective action if substantiated. Compliance Committee review and approved changes on 06/02/2022.		
E 000	Initial Comments During an unannounced on-site re-certification survey, on 5/16/22 through 5/18/22, the Division of Licensing and Protection conducted a review of the Critical Access Hospital's (CAH's) Emergency Preparedness Program. The facility was found to be in substantial compliance with the Condition of Participation for CAH's at 485.625, Emergency Preparedness.	E 000	TAG C 1612 POC Accepted on 06/24/22 by T. Dougherty/S. Leavitt		