Department of Health & Human Services
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2325
Boston, MA 02203

Northeast Division of Survey & Certification

December 7, 2023

Mr. Joseph Woodin, President & CEO
Copley Hospital
528 Washington Highway
Morrisville, VT 05661

Re: CMS Certification Number: 471305
Survey ID: DTJT11, 11/29/2023

Dear Mr. Woodin:

This office authorized the Vermont Division of Licensing and Protection (VT State Survey Agency) to conduct an investigation survey of an allegation of noncompliance with the requirements of *42 C.F.R. §489.24 Responsibilities of Medicare Participating Hospitals in Emergency Cases.* This survey concluded on November 29, 2023.

I am pleased to inform you that as a result of the survey, your facility is found to be in compliance with the above-specified requirements regarding its emergency care obligations.

Thank you for your cooperation during the survey. If you have any questions or concerns about this matter, please contact me at: Nancy.Hannah@cms.hhs.gov .

Sincerely,

Nancy Hannah, RN-BC, LCSW
Northeast Survey & Enforcement Division
Acute and Continuing Care Branch
Survey & Operations Group
Centers for Medicare & Medicaid Services

Attachment: CMS e-c2527
cc: VT State Survey Agency

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	471305	A. BUILDING _____ B. WING _____	C 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPLEY HOSPITAL	528 WASHINGTON HIGHWAY MORRISVILLE, VT 05661

(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
C 000	INITIAL COMMENTS An unannounced on-site investigation of complaint #22448 was conducted on 11/27-11/29/23 by the Division of Licensing and Protection. The complaint was authorized by the Centers for Medicare and Medicaid to determine the Critical Access Hospital's compliance with Sections of 1866 and 1867 of the Social Security Act and the related regulations at 42.CFR 489.24, Responsibilities of Medicare Participating Hospitals in Emergency Cases (EMTALA requirements). The allegations of non-compliance with the EMTALA requirements were not substantiated.	C 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.