



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

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

July 21, 2023

Joseph Perras, CEO  
Mt Ascutney Hospital  
289 County Road  
Windsor, VT 05089-9000

Dear Dr. Perras:

The Division of Licensing and Protection completed a recertification survey at your facility on **June 21, 2023**. 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 **July 21, 2023**.

Sincerely,

A handwritten signature in cursive script, appearing to read "Suzanne Leavitt".

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: 07/07/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>471302</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/21/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MT ASCUTNEY HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>289 COUNTY ROAD WINDSOR, VT 05089</b>
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(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
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C 000	INITIAL COMMENTS  An unannounced recertification survey was conducted from 6/19/23 to 6/21/23 to determine compliance with Conditions of Participation for Critical Access Hospitals at 42 CFR Part 485 Subpart F and the PPS Excluded Rehabilitation Unit. The Rehabilitation Unit was found to be in Substantial Compliance under Subpart B of 42 CFR Part 412 of the CMS (Center for Medicare & Medicaid Services) PPS excluded regulations. The following regulatory deficiency is the result of Conditions for Participation for Critical Access Hospitals. Findings include:	C 000		
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	C1612		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <b>DAVID C. SANVILLE</b>	TITLE <b>ACTING-PRESIDENT AND CEO</b>	(X6) DATE <b>07/14/2023</b>
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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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NAME OF PROVIDER OR SUPPLIER  <b>MT ASCUTNEY HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>289 COUNTY ROAD WINDSOR, VT 05089</b>		
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C1612	Continued From page 1 symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints. " §483.12(a)(3) Not employ or otherwise engage individuals who- (i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law;  (ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property.  " §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.  " §483.12(b) The facility must develop and implement written policies and procedures that:  (1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,  (2) Establish policies and procedures to investigate any such allegations,  " §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  (1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment,	C1612	C1612: Update Swing Bed Patient Rights Policy to reflect prohibition of abuse, neglect, and exploitation of patients. Outline requirements of reporting and investigation timeframes, and need to do corrective action on substantiated allegations.  Update to reflect current hiring practices of background checks and on-going OIG and other exclusion monitoring.	7/14/23	

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C1612	<p>Continued From page 2</p> <p>including injuries of unknown source and 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 patients that prohibit and prevent, abuse, neglect, exploitation, and misappropriation of property. Findings include:</p> <p>Per review of the policy, "Abuse and Neglect of Adult Patients"-reviewed on 6/15/2022. There was no evidence that the policy and/or procedure</p>	C1612	<p>C1612: Provide SBAR to department leadership; educate staff (role specific) on policy through team huddles and staff meetings; document staff attestation.</p> <p><b>Tag C1612 POC accepted on 7/21/23 by T. Dougherty/S. Leavitt</b></p>	8/15/23	

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C1612	Continued From page 3 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.	C1612			
E 000	Per interview on 6/20/23 at 3:19 PM with the Assistant Director of Quality and Risk, S/He confirmed that the above policy does not contain the regulatory requirements.  Initial Comments  A survey of the hospital's requirement to meet the Federal, State and Local requirements for Emergency Preparedness was completed on 6/21/23 by the Vermont Division of Licensing and Protection, as authorized by the Federal Centers for Medicare and Medicaid Services. The CAH was found to be in compliance with the requirements for emergency preparedness.	E 000			