



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

April 11, 2024

Robert Adcock, CEO
Springfield Hospital
PO Box 2003
Springfield, VT 05156-2003

Dear Mr. Adcock:

The Division of Licensing and Protection completed a Life Safety Code survey at your facility on **January 8, 2024**. 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 **April 11, 2024**.

Sincerely,

A handwritten signature in cursive script that reads "tammy wehmeyer".

Tammy Wehmeyer
Administrative Services Manager

Enclosure

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

PRINTED: 03/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 471306	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2024
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NAME OF PROVIDER OR SUPPLIER SPRINGFIELD HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 2003 SPRINGFIELD, VT 05156
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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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K 000	INITIAL COMMENTS	K 000		
K 351	<p>The Division of Fire Safety completed an unannounced onsite Life Safety Code inspection on 11/7/23 and the survey concluded on 1/8/24 with a record review. Entry and exit interviews were conducted with the Director of Engineering. The following standard-level deficiency was identified that requires a Plan of Correction:</p> <p>Sprinkler System - Installation CFR(s): NFPA 101</p> <p>Spinkler System - Installation 2012 EXISTING</p> <p>Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.</p> <p>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.</p> <p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>This STANDARD is not met as evidenced by: Based on a walkthrough of the premises on 11/7/23 with the Director of Engineering, survey activities determined that:</p> <p>It could not be determined if the hydraulic passenger elevator is provided with a sprinkler within 24 inches of the sprinkler pit, as required</p>	K 351	<p>Springfield Hospital has reviewed the deficiency with our sprinkler contractor. The contractor will be installing the required sprinkler head on April 11,2024</p> <p>Tag K 351 POC accepted on 4/11/24 by P. McLaughlin/T. Wehmeyer</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Robert A. C.</i>	TITLE <i>Robert S. Adcock CEO</i>	(X6) DATE <i>3/3/24</i>
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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 SPRINGFIELD HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 2003 SPRINGFIELD, VT 05156		
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K 351	Continued From page 1 for a total protection sprinkler system by the Vermont Elevator Rules and ASME A17.1 (2013).	K 351			