



**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

November 19, 2024

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

Dear Mr. Adcock:

The Division of Licensing and Protection completed a survey at your facility on **October 31, 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 **November 19, 2024**.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN, BS  
Assistant Division Director  
State Survey Agency Director

Enclosure

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

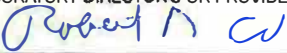
PRINTED: 11/01/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>471306</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/31/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRINGFIELD HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>PO BOX 2003</b> <b>SPRINGFIELD, VT 05156</b>
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C 000	INITIAL COMMENTS	C 000		
C 912	<p>An unannounced on-site complaint investigation of complaint #23170 was conducted by the Division of Licensing and Protection on 10/29/24 and completed on 10/31/24 at Springfield Hospital to determine compliance with 42 CFR Part 482 Part 485 Subpart F Conditions of Participation for Critical Access Hospitals. The following regulatory violations were identified:</p> <p><b>CONSTRUCTION</b> CFR(s): 485.623(a)</p> <p>The CAH is constructed, arranged, and maintained to ensure access to and safety of patients, and provides adequate space for the provision of services.</p> <p>This STANDARD is not met as evidenced by: Based on observation and confirmed by staff interview, the CAH failed to ensure patient equipment in the Emergency Department (ED) and floors and ceiling in the Surgical Operating Rooms (OR) and ante-rooms were properly maintained. Findings include:</p> <p>1. A tour of the ED on 10/29/24 at 10:30 AM was conducted to examine the condition of stretcher mattresses utilized by patients during the provision of care and services. Although multiple stretcher mattresses had been replaced, a stretcher in room #14 noted to have torn edges on the foot rest and on sides of the stretcher mattress; in room #15 the stretcher mattress had tears on the upper edge. Per the Association for the Health Care Environment states in a report dated 2/29/2017 states: "Cleaning and disinfecting all patient care areas is essential to preventing healthcare-acquired infections.....Damaged covers cannot be properly</p>	C 912	<p>Springfield Hospital (SH) will: Immediately inspect all mattresses for damaged covers and remove from service damaged mattresses.</p> <p>Environmental Service staff and Emergency Department Staff will be instructed to remove from service any defective mattresses found during routine cleaning and during the room turnover process.</p> <p>SH will update "Sequence for Cleaning of Patient Rooms" procedure, a SH Environmental policy, to reflect this new practices. Staff will be educated and trained on new procedures and practices.</p> <p>In addition, the Infection Preventionist (IP) will be responsible for bi-weekly ad hoc inspection of mattresses that are unoccupied. Defective mattresses found will be communicated to the Charge Nurse or Manager, with copy to Dir of Risk &amp; Compliance. Any damaged mattress will be tagged for removal (by room number) and an incident tracking case will be opened and reviewed for immediate replacement.</p>	<p>Effective 12/06/24</p> <p>Effective 12/16/24</p> <p>Effective 12/16/24</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
 **Robert S. Adcock** **CEO** **11/19/24**

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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C 912	Continued From page 1 cleaned and may allow bodily fluids and pathogens to penetrate the mattress core " The Director of Quality, Risk & Compliance confirmed at the time of observation, the damaged noted to the mattresses.  2. During a tour of the Surgical suites accompanied by the nurse manager for Surgical Services on 10/29/24 at 2:25 PM observations in OR #2 noted a horizontal crack in the flooring sidewall/baseboard near the entrance to the OR. The crack extended approximately 6-8 feet in length. The special non-porous flooring extends and adheres to the wall for approximately 4-5 inches. Although floors in operating rooms must be seamless in order to prevent probability of contamination, having a broken surface/crevices decreases the integrity of the environmental surface permitting dirt and particles in the crack.  3. Within one of the OR ante-rooms above a scrub sink (presently not in use) 2 holes were observed covered in red duct tape, one on the ceiling and the second on the wall above the sink. The nurse manager stated the 2 holes were the result of an outside vendor installing equipment to correct a problem "...with the air handlers and humidity". S/he further stated the company who installed the equipment had removed their equipment when their repair was not effective, thus leaving the 2 holes. The ceiling hole creates the potential for exposure to the Surgical Services environment to possible dust and moisture intrusion.  Contact made on the morning of 10/31/24 the Director of Quality, Risk and Compliance confirmed the noted environmental concerns had been identified during Environmental Rounding in	C 912	Hairline crack as noted was immediately sealed with commercial sealer returning the full integrity of the floor for routine sanitation.  An existing environmental monitoring policy will be revised to include both Pressure Monitoring and Floor/Cove and Wall Integrity monitoring by the Director of Peri-operative Services. A process for identification, tracking and escalation for closure is included in this PoC. Floor/ Cove and Wall Integrity will be visually inspected weekly by the Dir of Periop and traceable requests for remedy tracked for timely completion.  Ante-room noted holes were properlysealed, sanded and painted, restoring the the integrity of the previously exposed areas.  An existing OR environmental monitoring policy will be revised to include a process for identification, tracking and escalation for closure, specific to Floor/Cove and Wall Integrity. Floor/Cover and Wall Integrity will be visually inspected weekly by the Dir of Periop and traceable requests for remedy tracked for timely completion.  <b>Tag C 912 POC accepted on 11/19/24 by M. McIntosh/P. Cota</b>	Repair Completed 11/04/2024  Effective 12/16/2024  Repair Completed 11/04/2024  Effective 12/16/2024	

*Robert A. Cota 11/19/24*

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C 912	Continued From page 2	C 912			
C1008	<p>May, 2024, however no Work Orders were created to make the repairs.</p> <p><b>PATIENT CARE POLICIES</b> CFR(s): 485.635(a)(2) , 485.635(a)(4)</p> <p>§485.635(a)(2) The policies are developed with the advice of members of the CAH's professional healthcare staff, including one or more doctors of medicine or osteopathy and one or more physician assistants, nurse practitioners, or clinical nurse specialists, if they are on staff under the provisions of §485.631(a)(1).</p> <p>§485.635(a)(4) These policies are reviewed at least biennially by the group of professional personnel required under paragraph (a)(2) of this section, and reviewed as necessary by the CAH. This STANDARD is not met as evidenced by: Based on record review and confirmed by staff interview, there is a failure by the CAH (Critical Access Hospital ) to ensure policies are reviewed and updated at least biennially. Findings include:</p> <p>During the course of reviewing CAH policies on 10/29/24 it was identified there are departments within the hospital that have not updated and/or reviewed their specific policies for greater than 2 years to include: Annual Program Review last approved 1/14/2015 (the management plans for the environment of care); Fire Doors last approved 7/14/2020; Housekeeping policies: Cleaning of Discharge Unit last approved 12/4/2017; Cleaning services and schedule of services last approved 9/8/2020; Sequence for cleaning of patient rooms last approved 7/20/21 and Elevator Safety last approved 4/26/2019.</p> <p>Per interview on the afternoon of 10/30/24 the</p>	C1008	<p>Policy updating and re-establishing the required biennial review has been underway since early January, 2024, ( SH transitioned to a new software system Sept. 1 2023. ) Policy governance, approval workflows, two-department user pilots completed followed by hospital -wide Policy Owner training on the new processes and system. An organizational policy update project then kicked off June, 2024.</p> <p>Group 1. - Although all policies are important, SH will will plan an additional priority - focus on Environment of Care-specific policies that are recognized components of Safety, Security, Hazardous Materials, Clinical Equipment, Emergency Preparedness, Utilities and Life Safety. This is estimated to encompass between 80-100 policies and related procedures. The focus areas are inclusive of the Annual Program Review policy and those cited outdated policies referenced in the SoD.</p>	January 31, 2025	

*Robert D. Ad 11/19/24*

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C1008	Continued From page 3 Director of Quality, Risk & Compliance confirmed although efforts have been made in multiple departments to update policies & procedures, there are many departments who require reinforcement and guidance by the CAH professional health care staff and advisory to assist these departments in reviewing and updating policies & procedures.	C1008	Policy Update Group 2 - This group is comprised of all remaining departments/ policies. The policies will be reviewed, updated as needed, and completed with final approval by the governing body, and where appropriate will continue to be developed and reviewed by our Clinical Practice Committee.  <b>Tag C1008 POC accepted on 11/19/24 by M. McIntosh/P. Cota</b>	April 30, 2025	

*Robert M Cota 11/19/24*