

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

December 27, 2021

Mr. Christopher Phillips, Administrator  
Springfield Health & Rehab  
105 Chester Rd  
Springfield, VT 05156-2106

Provider ID #: 475025

Dear Mr. Phillips:

The Centers for Medicare & Medicaid Services (CMS) is committed to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of disease caused by the 2019 Novel Coronavirus (COVID-19).

## **SURVEY RESULTS**

On **December 22, 2021**, the Division of Licensing and Protection completed a COVID-19 onsite Focused Infection Control complaint investigation at **Springfield Health & Rehab** to determine if your facility was in compliance with Federal requirements related to implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19. **The investigation revealed that your facility was in substantial compliance with participation requirements and no deficiencies were cited as documented on the enclosed 2567.**

**No additional action is required on the facility's part.**

## **QUALITY IMPROVEMENT ORGANIZATION (QIO) RESOURCES**

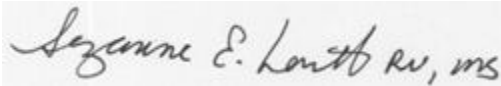
The Quality Improvement Organization (QIO) Program is committed to supporting healthcare facilities in the fight to prevent and treat COVID-19 as it spreads throughout the United States. QIO resources regarding COVID-19 and infection control strategies can be found at [QIO Program Website](#). This page

will continue to be updated as more information is made available. QIOs will be reaching out to Nursing Homes to provide virtual technical assistance related to infection control. QIOs per state can be found at [Locate Your QIO](#).

### **CONTACT INFORMATION**

If you have any questions please contact Suzanne Leavitt, State Survey Agency Director at (802) 241-0346.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne E. Leavitt RN, MS". The signature is written in black ink on a light-colored background.

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

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

PRINTED: 12/27/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>475025</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/22/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRINGFIELD HEALTH &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>105 CHESTER RD</b> <b>SPRINGFIELD, VT 05156</b>		
(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	
F 000	INITIAL COMMENTS  An unannounced onsite CMS Focused Infection Control survey was conducted by the Division of Licensing and Protection in addition to one complaint investigation on 12/21/21 following review of further documentation on 12/22/21. There were no regulatory deficient practice violations noted for this facility.	F 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.