

Agency of Human Services: Vermont Department of Health
P.O. BOX 70 - Burlington, VT 05402-0070

**HOSPITAL LICENSE APPLICATION TO THE VERMONT BOARD OF HEALTH
2013**

**In accordance with the provisions of Title 18 V.S.A. Chapter 43, application is hereby
made for a Hospital License.**

**Please submit one original and eight copies of the application and all attachments.
This application and all attachments are subject to Vermont public records law.**

SECTION I -- IDENTIFYING INFORMATION

Name of Hospital: _____

Name of Corporation (if different): _____

Administrative/Mailing address: _____

Facility addresses: If you have more than two hospital facility sites, please include a list of the additional addresses as *Attachment A*.

Site #1

Site #2

Name: _____

Street: _____

City/Zip: _____

Administrative Officers:

Chief Administrative Officer _____

Chair, Board of Directors _____

Chief Nursing Officer: _____

Contact person for questions about this application: _____

Phone: _____ e-mail: _____

| | |
|--------------------------|---|
| Type of Hospital: | ___ General ___ Psychiatric ___ Other _____ |
| Organization: | ___ Non-profit ___ Proprietary ___ Private/Community ___ State-operated |
| CMS Designation (if any) | ___ Critical Access Hospital ___ Sole Community Hospital ___ Other _____ |

SECTION II – CERTIFICATION AND ACCREDITATION STATUS

- Please check the box over the column below that accurately describes the hospital’s certification status with the Centers for Medicare and Medicaid Services (CMS) and complete the applicable questions in that column; and
- Include as **Attachment B:**
 - an explanation of any changes in CMS certification or Joint Commission (JC) accreditation status that have occurred in 2012; and

JCAHO-accredited hospitals please note:

You do not need to include a copy of your hospital’s JC accreditation certificate. Health Department staff will print a copy of the hospital’s most recent JC “Quality Report” as posted on the JC website and include that with your application in **Attachment B**.

| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|---|---|
| The hospital is not accredited by the Joint Commission or another approved accreditation organization. It has been certified as eligible for Medicare reimbursement by the Centers for Medicare and Medicaid Services after a survey conducted by the Division of Licensing and Protection of the Vermont Department of Disabilities, Aging and Independent Living. | The hospital is accredited by the Joint Commission (JC) or another approved accreditation organization, and it has been deemed to be eligible for Medicare reimbursement by the Centers for Medicare and Medicaid Services. | The hospital is not currently accredited by Joint Commission or another approved accreditation organization and is not certified by the Centers for Medicare and Medicaid Services. |
| Date of most recent full survey conducted by state survey agency for purposes of CMS certification: _____ | Date most recently accredited: _____ Status of current accreditation: ___ Full ___ Provisional ___ Conditional If current status is Provisional | Date hospital decertified by CMS: _____ Please explain why the hospital is not certified by CMS in a separate document and include with Attachment B . |

| | | |
|--|--|--|
| | or Conditional accreditation, please explain in a separate document and include with <i>Attachment B</i> . | |
|--|--|--|

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SECTION III--LICENSED BEDS

Number of licensed beds on the hospital's license in 2012:

Licensed beds: Site #1 _____ Site #2 _____

Bassinets: Site #1 _____ Site #2 _____

Number of licensed beds requested for 2011: Site #1 _____ Site #2 _____

Bassinets: Site #1 _____ Site #2 _____

If there is a difference in the number of beds requested compared to the number indicated on the hospital's last license, please explain the reason(s) for the change here:

Please complete the following table:

| Proposed distribution of beds in 2013 | | | | | |
|--|---------|---------|-------------------------------|---------|---------|
| | Site #1 | Site #2 | | Site #1 | Site #2 |
| Medical/Surgical | | | Rehabilitation | | |
| ICU/CCU | | | Newborn Nursery: Bassinets | | |
| Obstetrical | | | NICU: Bassinets | | |
| Pediatric | | | | | |
| Psychiatric | | | Other (describe): | | |
| Substance Abuse | | | | | |
| Swing Bed | | | | | |

SECTION IV -- PATIENT RIGHTS [18 V.S.A. 42 § 1852]

1. Bill of Rights Notice: Please check the box next to each item to verify the hospital's

compliance with that item. If the hospital is not currently in full compliance with an item(s), please include an explanation in *Attachment C*.

The hospital's current Bill of Rights for Hospital Patients notice:

- is written in clear language and in easily readable print;
- is distributed to patients upon admission;
- is posted conspicuously at each nurse's station;
- indicates that as an alternative or in addition to the hospital's complaint procedures, the patient may contact the licensing agency or the Board of Medical Practice; and
- includes the current address and phone number of the licensing agency and the Board of Medical Practice.

Please include a copy of the hospital's current Bill of Rights for Hospital Patients notice as *Attachment C*.

2. **Plan for Implementing the Bill of Rights:** The hospital's current plan for informing Patients of the Hospital Bill of Rights must be on file with the Vermont Department of Health. Please include the hospital's plan for informing Patients of the Hospital Bill of Rights as **Attachment C1**.

SECTION V – OTHER STATUTORY REQUIREMENTS
18 VSA § 1905 (1-12, 15-16 and Chapter 43a):

Please check the box next to each item to indicate whether the hospital is in compliance with that item. If the hospital is not currently in full compliance with any item(s) in this section, please provide an explanation and include with **Attachment D**. If any report(s) attached in response to questions number two and twelve indicate a need for correction or follow-up on any item, please include documentation of correction and/or follow-up with **Attachment D**.

Yes No

OTHER STATUTORY REQUIREMENTS

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. If the hospital received federal aid in its construction and equipment costs, has the hospital complied with Title VI of the Public Health Services Act and with Public Health Service regulations, Part 53, and with Appendix A of the same, as amended [18 VSA § 1905 (1)]? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Has the hospital complied fully with safety and sanitary standards as required by state and local building and sanitary codes in order to assure maximum safety to patients and the public [18 VSA § 1905 (2)]? Please attach copies of reports by state or local agencies received in the past year with Attachment D . <i>*Please include any CMS Life Safety Report (including the facility's plan of correction) conducted this past year.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the hospital (if a general hospital) provide adequate and separate facilities and equipment for the performance of surgery and obstetrics, or either, and for diagnostic x-ray and laboratory services [18 VSA § 1905 (1-3)]? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are all patients admitted to the hospital under the care of a state registered and licensed practicing physician as defined by the laws of the state of Vermont [18 VSA § 1905 (5)]? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Is the nursing service of the hospital directed at all times by a registered professional nurse currently licensed to practice nursing in Vermont [18 VSA § 1905 (6)]? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Does the care of maternity patients and newborns in the hospital comply with all relevant Health Department regulations [18 VSA § 1905 (7)]? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are professional care records compiled for all hospital patients, signed by the attending physician, and kept on file for a minimum of ten years [18 VSA § 1905 (8)]? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Does the hospital have an organized medical staff of not fewer than three members who meet as often annually as recommended by The Joint Commission (JC)[18 VSA § 1905 (9)]? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have all hospital employees had a pre-employment physical examination by a licensed physician or qualified nurse practitioner [18 VSA § 1905 (10)]? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Will the hospital ensure that employees have such additional examinations, tests and immunizations as the licensing agency may determine to be necessary in the public interest [18 VSA § 1905 (11)]? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Are the hospital's accounting records of all operating procedures kept on a monthly basis and complete operating and financial statements compiled at least once annually and kept on file for twenty years [18 VSA § 1905 (12)]? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Has all new construction involving the hospital and related buildings on hospital premises complied with State standards [18 VSA § 1905 (4) (16)], including but not limited to the Vermont Fire and Building Safety Code (Department of Public Safety)? Please include copies of all reports of state agencies in the past year with Attachment D . |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. A copy of the most recent hospital annual report, as submitted to the governing board of this hospital, is included with Attachment D [18 VSA § 1905 (15)]. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Are the hospital grounds and buildings open to inspection by the Board of Health and other legal authorities at all times [18 VSA § 1905 (13)]? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Does the hospital certify that it is in compliance with the provisions of 18 VSA Chapter 43a that are currently in effect (the Patient Safety Surveillance and Improvement System)? |

SECTION VI--PATIENT COMPLAINTS [18 VSA § 1905 (18)]

1. **Complaint Procedures:** The hospital's plan for handling patient complaints must include the following items and must be on file with the Vermont Department of Health. Please check the box next to each item to verify the hospital's compliance with that item. Include a copy of the hospital's plan for handling patient complaints as **Attachment E** and an explanation if the hospital's plan is not currently in full compliance with any item(s) below. The plan:

- designates a specific person or persons qualified as a patient representative;
- explains the method by which each patient shall be made aware of the complaint and appeal procedures;
- explains what the appeals mechanism is within the hospital itself;
- publishes the timeframe for processing and resolving complaints and appeals with the hospital; and
- explains how patients are notified that further appeals of the hospital's resolution of complaints may be made to the licensing agency or directly to the Board of Health.

2. **Complaint Report:** All hospitals are required to periodically report to the licensing agency the nature of complaints filed, and action taken. Please submit a report detailing, in aggregate, the types of complaints filed in the past year. Please include the complaint report, and submit as **Attachment F**.

(a) Name of person responsible for handling complaints:

Name: _____ Title: _____

Phone: _____ Email: _____

(b) Total number of complaints received from reporting period October 1, 2011 through September 30, 2012 _____

(c) Total patient bed days from October 1, 2011 through September 30, 2012. _____

(d) Attach a list of every complaint received by the hospital from October 1, 2011 through September 30, 2012. For each complaint, briefly describe:

- 1) the nature of the complaint and
- 2) the actions taken to resolve it.

OR

1) Attach a list of every complaint received by the hospital from October 1, 2011 through September 30, 2012 that involved:

- i. a complaint that a hospital violated the Bill of Rights for Hospital Patients; and
- ii. a complaint regarding an unexpected occurrence resulting in injury or harm to a patient.

2) For each of the listed complaints, briefly describe:

- i. the nature of the complaint and
- ii. the actions taken to resolve it.

3) For all of the other complaints received by the hospital from October 1, 2011 through September 30, 2012, attach a document that provides:

- i. a list of the categories your hospital used to categorized and track complaints;
- ii. the number of complaints in each category that were received by the hospital from October 1, 2011 through September 30, 2012
- iii. a general description of the nature of complaints received in each category and examples of the types of actions taken or projects undertaken by the hospital to address issues raised by the complaints in each category.

VII --LICENSE FEE

Instructions for calculating the license application fee due for 2013 based on 18 V.S.A. § 1904:

1. The base fee of \$7,667 has been entered on line 1 of the table below
- 2a. Enter the number of licensed beds requested on page 2 of this Application here:

- 2b. Multiply the number of beds requested by \$25, and enter this amount as due on line 2 of the table.
3. Add line 1 and line 2, and enter this sub-total on line 3 below.
- 4a. Is the hospital accredited by The Joint Commission? Yes No
- 4b. If Yes, enter \$2,750 on line 4 of the table. If No, enter \$0 on line 4.
4. Deduct the amount on line 4 amount from the total on line 3, and enter this total licensing fee due on line 5.

| Line number | Item | Amount | Due |
|-------------|--------------------------------|--|------------|
| 1 | Base Fee | \$7,667.00 | \$7,667.00 |
| 2 | Licensed Bed Fee | \$25 times the number of licensed beds | |
| 3 | <i>Sub-total</i> | Line 1 plus Line 2 | |
| 4 | JC Accredited | If yes, enter \$2,750.00 If no, enter \$0 | |
| 5 | Total licensing fee due | Line 3 minus Line 4 | |

A check payable to the Vermont Department of Health in the amount of the total due on Line 5 must accompany the Application.

SECTION VIII--APPLICANT'S SWORN STATEMENT AND CERTIFICATION

Under the pains and penalties of perjury, I hereby swear or affirm that all of the statements, information and certifications in this application are true and accurate to the best of my information and belief.

Signature of hospital's duly authorized agent

(Name printed)

STATE OF _____)

COUNTY OF _____) ^{SS}

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

(Name printed)

Commission expires

A license issued under this application is not transferable or assignable and will be issued only for the premises and persons named in this application [18 VSA § 1905 (14)].