

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
Newly-Established Facility 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

- 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 your plans for and progress to date in seeking CMS certification or accreditation by the Joint Commission (JC) or other accrediting body.

<input type="checkbox"/>	<input type="checkbox"/>
An application for accreditation by the Joint Commission or another CMS-approved accrediting organization will be submitted, or has been submitted but not acted upon.	An application for accreditation by the Joint Commission or another CMS-approved accrediting organization will not be submitted. Please explain why the hospital is not seeking certification by CMS in a separate document and include as Attachment B .

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SECTION III--LICENSED BEDS

Number of licensed beds requested: 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					
	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 is prepared to present a notice of the Bill of Rights for Hospital Patients to each patient that:

- is written in clear language and in easily readable print;
- will be distributed to patients upon admission;
- will be 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. For questions asking about future compliance, the existence of policies and procedures that will satisfy the requirement are a reasonable basis for a “yes” response. If the hospital is not currently in full compliance with any item(s) in this section, please provide an explanation and include as **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**. *If any responses are “NA,” so indicate and provide an explanatory comment in Attachment D.*

Yes No

OTHER STATUTORY REQUIREMENTS

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. If the hospital received or anticipates 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. Will 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. Will all patients admitted to the hospital be 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. Will the nursing service of the hospital be 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. Will 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. Will professional care records be 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. Will the hospital have an organized medical staff of not fewer than three members who will meet as often annually as recommended by The Joint Commission (JC)[18 VSA § 1905 (9)]? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Have or will all hospital employees have 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. Will the hospital's accounting records of all operating procedures be kept on a monthly basis and will complete operating and financial statements be 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? Please include copies of all reports of state agencies in the past year with Attachment D . |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. If one has already been prepared, 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. Will the hospital grounds and buildings be 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 will be 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 Reporting:** All hospitals are required to periodically report to the licensing agency the nature of complaints filed, and action taken.

(a) Name of person responsible for handling complaints:

Name: _____ Title: _____

Phone: _____ Email: _____

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 or other CMS-sanctioned Accrediting Organization? Yes No (Specify organization: _____)
- 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 or Accredited by CMS-sanctioned Accrediting Organization	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)].