

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Midwest Division of Survey and Certification
Chicago Regional Office
233 North Michigan Avenue, Suite 600
Chicago, IL 60601-5519



CMS Certification Number (CCN): 52-0089

May 16, 2018

Administrator
UnityPoint Health- Meriter
202 S. Park Street
Madison, WI 53715

Via Facsimile: 608-417-6357

Dear Administrator:

This letter amends any previous correspondences referencing the March 22, 2018 health survey. The actual date of the health survey was March 21, 2018.

After a careful review of the facts, we have determined that Unity Point Health -Meriter no longer meets the requirements for participation as a provider of services in the Medicare program established under Title XVIII of the Social Security Act. In order to participate in the Medicare program, a hospital must meet the requirements established under Title XVIII of the Social Security Act and must also meet the additional requirements established by the Secretary of Health and Human Services under the authority contained in Section 1861 of the Social Security Act.

The February 19, 2018 substantial allegation survey conducted by the Wisconsin Department of Health, Division of Quality Assurance (DQA) found noncompliance with the following Condition of Participation which constituted an immediate jeopardy (IJ) at 42 CFR §482.13-Patient Rights.

On February 23, 2018 the Centers for Medicare & Medicaid Services (CMS) notified you of your preliminary termination date as a Medicare participating provider effective March 18, 2018.

CMS issued you a letter on March 7, 2018 rescinding the March 18, 2018 preliminary termination date based on the March 1, 2018 revisit by the DQA, which removed the immediate jeopardy. This notification also informed you that noncompliance remained at 42 CFR §482.13-Patient Rights and the DQA also found noncompliance at 42 CFR §482.21- Quality Assessment and Performance Improvement Program. At that time you were also notified that a full survey of all Medicare Conditions of Participation would be conducted by the DQA and the termination date was extended to May 24, 2018 based on the March 1, 2018 survey results.

The March 20, 2018 life safety code survey and the March 21, 2018 health survey conducted by the DQA surveyed all Medicare Conditions of Participation and revealed that noncompliance remained with the following Condition of Participation at 42 CFR § 482.13 – Patient Rights. The DQA also found noncompliance at 42 CFR § 482.41 – Physical Environment.

In addition, based upon further review of the March 20, 2018 life safety code survey the finding under K353 for the North Tower building concerning the location of the fire pump for the North Tower was deleted on 5/10/18 from the report because the initial finding referenced the 2010 edition of NFPA 20. The fire pump was installed in 2006 and is regulated by the 1999 edition of the NFPA 20 which does not require the fire pump to be in a designated room.

The DQQ conducted a revisit on May 10, 2018 to verify compliance based on the plan of correction submitted by UnityPoint Health –Meriter which revealed that noncompliance remained at 42 CFR § 482.41 – Physical Environment.

The DQA advised you of the deficiencies cited on the enclosed Statement of Deficiencies and Plan of Correction. We have determined that the deficiencies limit the capacity of your hospital to render adequate care and ensure the health and safety of your patients.

CMS is administratively extending your termination dated from May 24, 2018 to **June 24, 2018** to allow for the submission of an acceptable plan of correction.

Our procedures do allow for administratively extending the termination date beyond the established date listed above for correction of the Physical Environment and Life Safety Code deficiencies under certain circumstances. However, such extensions are only granted when a reasonable and acceptable plan of correction for the remaining Physical Environment/Life Safety Code deficiencies has been submitted and accepted by the DQA and CMS; and, the facility has submitted and implemented an acceptable “Interim Measures Plan,” which provides an added measure of fire safety while you implement your Physical Environment/Life Safety Code plan of correction.

If you believe you are now in compliance with the Medicare Conditions of Participation, please notify this office immediately in writing. If we determine that your allegation of compliance is credible, we will authorize a resurvey of your outpatient physical therapy agency.

You may, of course, take steps to come into compliance with the Medicare Conditions of Participation and reapply to establish your facility's eligibility to participate as a provider of services under Title XVIII of the Social Security Act.

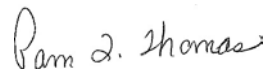
An acceptable plan of correction must meet the following criteria: (1) It clearly states the specific nature of the corrective actions for each deficiency. (2) It sets reasonable completion dates for all deficiencies prior to the termination date unless an extension is requested and approved. (3) It describes how your plan/action will prevent recurrence. And (4), it describes who will be the person(s) responsible for implementing and monitoring the plan for future compliance with the regulations. A response to each deficiency on the CMS- 2567 is required and must be signed and

dated on the bottom of the first page of the CMS-2567 by the authorized official at your facility. Additional documentation may be attached to the CMS-2567, when necessary. If a deficiency has been corrected since the survey, this should be indicated on the form along with the date of correction. The PoC should not obtain any personal health identifiable information.

You must submit your plan of correction within ten (10) calendar days of your receipt of this letter to both the Centers for Medicare & Medicaid Services (CMS) and the DQA. The plan of correction can be sent to CMS at: CMS, Non-Long Term Care Certification & Enforcement Branch Attention: Tamra Swistowicz, Principal Program Representative, 233 North Michigan Avenue, Suite 600, Chicago, Illinois 60601, or via e-mail without any personal health information (PHI) to ChicagoNLTCPOC@cms.hhs.gov, and to the DQA either by fax at (608) 264-9847 via email at DHSDQACMSMedicare@dhs.wisconsin.gov or by mail at: Wisconsin Department of Health Division of Quality Assurance, Attention: Ann Hansen, Bureau Chief, PO Box 2969, 1 West Wilson Street, Madison, WI 53701-2969.

If you have any questions concerning this letter, please contact Tamra Swistowicz either by phone at (312) 353-3337 or via e-mail at tamra.swistowicz@cms.hhs.gov.

Sincerely,



Pam L. Thomas
Branch Manager
Non-Long Term Care Certification &
Enforcement Branch

Enclosures

Revised CMS 2567 Statement of Deficiencies for March 21, 2018 survey
Revised CMS 2567 Statement of Deficiencies for March 20, 2018 survey-- North Tower
CMS 2567 Statement of Deficiencies for May 10, 2018

cc: Wisconsin Department of Health Division of Quality Assurance
Wisconsin Department of Health Services/Office of the Inspector General
The Joint Commission
KePro

