



DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
Consortium For Quality Improvement and Survey & Certification Operations
Western Consortium – Division of Survey & Certification

Via Facsimile and Federal Express

**NOTICE OF TERMINATION OF
MEDICARE PROVIDER AGREEMENT**

IMPORTANT NOTICE – PLEASE READ CAREFULLY

March 05, 2015

James Ward Tappero, Administrator
Lakeland Village Nursing Facility
State Hwy 902 & Salnave Road
Medical Lake, WA 99022

CMS Certification Number: 50-A263

Dear Mr. Tappero:

After careful review of the facts, the Centers for Medicare and Medicaid Services (CMS) has determined that Lakeland Village Nursing Facility no longer meets the requirements for participation as a provider of services in the Medicaid program established under Title XIX of the Social Security Act. This is to notify you that effective **March 19, 2015**, the Secretary of the Department of Health and Human Services will terminate its provider agreement with Lakeland Village Nursing Facility. We will publish a legal notice in the Spokane newspaper (The Spokesman Review) fifteen days prior to the termination date.

Background

To participate as a provider of services in the Medicare and Medicaid Programs, a long term care facility must meet all of the requirements established by the Secretary of Health and Human Services. When a long term care facility is found to be out of substantial compliance, the facility no longer meets the requirements for participation as a provider of services in the Medicare/Medicaid program.

The Social Security Act Section 1866(b) authorizes the Secretary to terminate a long term care facility's Medicare/Medicaid provider agreement if the facility no longer meets the federal requirements. Regulations at 42 Code of Federal Regulations (CFR) 489.53 and 42 CFR 488.456 authorize CMS to terminate Medicare/Medicaid provider agreements when a provider, such as Lakeland Village Nursing Facility is not in substantial compliance with the requirements of participation for long term care facilities.

Denver Regional Office
1600 Broadway, Suite 700
Denver, CO 80202

San Francisco Regional Office
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

Seattle Regional Office
2201 Sixth Avenue, RX-48
Seattle, WA 98121

On September 19, 2014, the CMS completed a Federal survey at Lakeland Village Nursing Facility. This survey found that Lakeland Village Nursing Facility was not in substantial compliance with federal requirements for nursing homes participating in the Medicare and/or Medicaid programs and that the most serious deficiency constituted actual harm that is not immediate jeopardy to residents (Scope/Severity = G). The results of the survey were sent to you October 15, 2014. The following requirements were not met and that this constitutes substantial compliance:

- | | |
|-----------------|---------------------------------------|
| 42 CFR § 483.10 | Residents Rights |
| 42 CFR § 483.13 | Resident Behavior & Facility Practice |
| 42 CFR § 483.15 | Quality of Life |
| 42 CFR 483.25 | Quality of Care (Actual Harm) |
| 42 CFR § 483.45 | Specialized Rehab Services |
| 42 CFR § 483.75 | Administration |

Because Lakeland Village Nursing Facility is not in substantial compliance, we are imposing a mandatory denial of payment in accordance with the following:

Denial of Payments for New Medicare and Medicaid Admissions, as authorized by the Social Security Act, Section 1819(h)(2)(D) and (E) and Section 1919(h)(2)(C) and (D), and implemented at 42 CFR 488.417(b).

This action is effective for Medicare and Medicaid admissions made on or after **December 19, 2014**. The denial of payments for new admissions also applies to Medicare and Medicaid patients who are members of managed care plans.

An Informal Dispute Resolution (IDR) was requested by Lakeland Village Nursing Facility and convened on January 06, 2015. The results of the IDR did not affect the scope or severity of the deficiency cited in the September 19, 2014 Federal survey.

On January 16, 2015, a State agency recertification and revisit survey found that Lakeland Village Nursing Facility remained out of compliance with Medicare/Medicaid requirements for nursing homes. The State survey agency sent the facility's Plan of Corrections (PoC) to the CMS Region 10 Office on March 03, 2015. The State survey agency and CMS reviewed and found this PoC to be acceptable with an allegation of compliance date of March 06, 2015. Pending the results of a Federal Revisit survey, the allegation of compliance date will be used to determine if the facility will be back in substantial compliance with Medicare/Medicaid requirements prior to the termination date.

CMS also reviewed Lakeland Village Nursing Facility's survey history over the past several years. There have been nine surveys by the State survey agency dating back to March 14, 2012: actual harm was identified as the most serious deficiency in 6 of the 9 surveys. **Based on Lakeland Village Nursing Facility's inability to achieve and sustain substantial compliance, the facility's Medicare and Medicaid agreement will be terminated effective March 19, 2015.** This action is taken pursuant to §§ 1819(h), 1919 (h) and 1866(b) of the Social Security Act, implemented at 42 CFR §§ 488.456 and 489.53.

Public Notice of Termination

In accordance with 42 CFR § 488.456, we are publishing a notice of this termination in the The Spokesman Review.

Medicare and Medicaid Payment for Services Following Termination

Under 42 CFR § 489.55, Medicare payment is available up to 30 days following the termination date for those Medicare beneficiaries who were admitted prior to December 19, 2014. Under 42 CFR § 441.11, Medicaid payments may also continue for services rendered for up to a maximum of 30 days following the termination date. The State survey agency has agreed to make reasonable and timely efforts to transfer Medicare and Medicaid eligible residents to other facilities or to alternate care. It is CMS' and the State survey agency's commitment to take into consideration the actions necessary for a proper and safe transition of the residents.

Appeal Rights

If you disagree with this determination, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board. Procedures governing this process are set out in 42 CFR § 498.40, et seq. A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter. Such a request may be made to:

Chief, Civil Remedies Division
Departmental Appeals Board
Cohen Building, Room G-644
330 Independence Avenue, SW
Washington, D. C. 20201

Also send a copy of your request to:

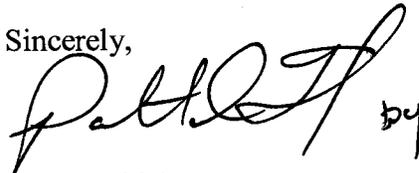
Chief Counsel
Office of General Counsel, DHHS
701 Fifth Avenue, Suite 1600
Seattle, Washington 98104

A request for a hearing must contain the information specified in 42 CFR § 498.40(b) and must identify the specific issues and the findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. You may be represented by counsel at a hearing at your own expense.

Page 4 – Mr. Tappero

If you have further questions, please contact Patrick Thrift of my staff at
(206) 615-3811.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick Thrift" followed by a small "by" and a signature, likely indicating the signature is for Patrick Thrift.

Steven Chickering
Western Consortium Survey and Certification Officer
Division of Survey and Certification

cc: Washington Department of Social and Health Services (DSHS), Residential Care Services
Washington Medicaid
Washington State Ombudsman
Office of General Counsel, DHHS