

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Room 2275
Government Center
Boston, Massachusetts 02203



Northeast Division of Survey & Certification

November 21, 2013

Administrator
St. Johnsbury Health & Rehabilitation
1248 Hospital Drive
Saint Johnsbury, VT 05819

CMS Certification Number: 475019

Dear Administrator:

On November 14, 2013, a survey was completed at your facility by the Vermont Department of Disabilities, Aging and Independent Living, Division of Licensing and Protection (State Survey Agency). This survey was conducted to determine if your facility was in compliance with the Federal requirements for nursing homes participating in the Medicare and Medicaid programs. Deficiencies cited at a Scope and Severity level of "D" and above constitute a lack of substantial compliance, and significant corrections are required for your facility to continue to participate in the Medicare and Medicaid programs.

An Enforcement Cycle was initiated based on the citation of deficiencies at a "D" level or greater at your facility. All statutory/mandatory enforcement remedies are effective based on the beginning survey of this Enforcement Cycle. Your Enforcement Cycle began with the November 14, 2013, survey. All surveys conducted after November 14, 2013, with deficiencies at a "D" level or greater become a part of this Enforcement Cycle. The Enforcement Cycle will not end until substantial compliance is achieved for all deficiencies from all surveys within an Enforcement Cycle. Facilities are expected to achieve and maintain continuous substantial compliance.

The State Survey Agency may recommend to the Centers for Medicare & Medicaid Services (CMS) Regional Office and to the State Medicaid Agency that certain remedies be imposed, unless substantial compliance is achieved at your first revisit. These would be in addition to the statutory three month Denial of Payment for New Admissions and six month Termination requirements. The statutory remedies will go into effect per the effective dates below without additional notification from this office. CMS may exercise its authority to alter the remedies imposed. All regulatory references may be found in Part 42 of the Code of Federal Regulations.

IMPOSITION OF REMEDIES

TERMINATION OF PROVIDER AGREEMENT

Your provider agreement will automatically be terminated from the Medicare and Medicaid programs unless substantial compliance is achieved and verified by the State Survey Agency that it was achieved on or before **May 14, 2014**. This will be the date termination becomes effective. This action is mandated by the Social Security Act at Section 1819(h)(2)(C) and Section 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456. If we proceed with the termination, we are required to provide the general public with notice of the termination and will publish a notice in a local newspaper prior to the effective date of termination. Please note that the termination of payments for Medicare includes Medicare beneficiaries enrolled in Medicare managed care plans. It is your obligation to inform Medicare managed care plans contracting with your facility of this action.

DENIAL OF PAYMENT FOR NEW ADMISSIONS

The remedy of denial of payment for new Medicare and Medicaid admissions will automatically be imposed February 14, 2014, unless substantial compliance is achieved and verified by the State Survey Agency that it was achieved on or before **February 14, 2014**. This action is mandated by the Social Security Act at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b). Once imposed, denial of payment for new admissions under Medicare and Medicaid will continue until substantial compliance is achieved or termination occurs. Please note that the denial of payment for new admissions includes Medicare beneficiaries enrolled in managed care plans. It is your obligation to inform Medicare managed care plans contracting with your facility of this denial of payment for new admissions.

WARNING OF NURSE AIDE TRAINING (NATCEP) PROHIBITION

Please note that Federal law, as specified in the Social Security Act at §1819(f)(2)(B) and §1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a §1819(b)(4)(C)(ii)(II) or §1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$5,000.00; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities. We will notify you if any of these circumstances results in a prohibition at your facility.

APPEAL RIGHTS

The above remedies will become effective on the stated dates unless substantial compliance is achieved

at your first revisit. 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 Federal regulations at 42 CFR Section 498.40, et seq.

Such a request may be made to the following address: Department of Health & Human Services, Departmental Appeals Board, Director, Civil Remedies Division, 330 Independence Avenue, S.W. Cohen Building, Room G-644, Washington, D.C. 20201 It is important that you also send a copy of your request for hearing to this office to the attention of: Daniel Kristola, Branch Chief, Certification & Enforcement Branch, Northeast Consortium Division of Survey & Certification, Centers for Medicare and Medicaid Services (CMS), JFK Federal Building, Room 2275, Government Center, Boston, MA 02203, ATTN: Enforcement Unit.

Your request for a hearing should identify the specific issues and the findings of fact and conclusions of law with which you disagree, including the finding of substandard quality of care, if applicable. It should also specify the basis for contending that the findings and conclusions are incorrect. You do not need to submit records or other documents with your hearing request. The Departmental Appeals Board (DAB) will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing. You may be represented by counsel at a hearing at your own expense.

If you have any questions regarding this matter, please contact me via e-mail at beverly.kercz@cms.hhs.gov, or by phone at (617)565-1333.

Sincerely,

Beverly A. H. Kercz
Health Insurance Specialist
Certification and Enforcement Branch

cc:

State Survey Agency
State Medicaid Agency
National Heritage (Vermont)