

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Western Division of Survey and
Certification Seattle Regional Office
701 Fifth Avenue, Suite 1600
Seattle, WA 98104



Western Division of Survey & Certification

June 28, 2017

Cheryl Strange
Chief Executive Officer
Western State Hospital
9601 Steilacoom Blvd SW
Tacoma, WA 98498

**Re: Letter of Correction - CMS Certification Number: 50-4003
Conditions of Participation Not Met**

Dear Ms. Strange:

This letter replaces and supersedes the letter we sent to you earlier today at 9:26 A.M.

Between the dates of May 8, 2017 and June 5, 2017, the Department of Health (the State Survey Agency) and the Washington State Patrol, Fire Protection Bureau completed two complaint investigations, a recertification survey and a Life Safety Code survey at Western State Hospital (WSH).

After careful review of the facts, the Centers for Medicare and Medicaid Services (CMS) has determined that Western State Hospital no longer meets the requirements for participation as a provider of services in the Medicare hospital program established under Title XVIII of the Social Security Act. Western State Hospital continues to be ineligible for deemed status through the Joint Commission, therefore it is still under State Survey jurisdiction.

BACKGROUND

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

The Social Security Act at Section 1866(b)(2) authorizes the Secretary to terminate a hospital's Medicare provider agreement and 42 CFR § 489.53 authorizes the Centers for Medicare and Medicaid Services to terminate a Medicare provider from participation when a provider no longer meets the Conditions of Participation.

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Page 2 – Western State Hospital

The investigation found that the following Medicare Conditions of Participation were not met:

- (42 C.F.R § 482.12) Governing Body
- (42 C.F.R § 482.13) Patient Rights
- (42 C.F.R § 482.21) Quality Assessment and Performance Improvement (QAPI)
- (42 C.F.R. § 482.23) Nursing Services
- (42 C.F.R § 482.26) Radiological Services
- (42 C.F.R § 482.30) Utilization Review
- (42 C.F.R § 482.41) Physical Environment
- (42 C.F.R § 482.43) Discharge Planning
- (42 C.F.R § 482.56) Rehabilitation Services

The deficiencies limit the capacity of the hospital to provide services of an adequate level and quality. The details of the above deficiencies are listed on the enclosed Statement of Deficiencies and Plan of Correction (Forms CMS 2567).

NOTICE OF ADDITIONAL ACTIONS AND OPPORTUNITY TO CORRECT

CMS must receive and approve a credible allegation of compliance in the form of a Plan of Correction. An acceptable plan must be verified by an unannounced revisit by the State survey agency, verifying evidence that the Plan of Correction is implemented and that the deficiencies have been corrected. **Please complete your Plan of Correction in the space provided on the CMS-2567 within 10 calendar days** from the date of this letter. An acceptable Plan of Correction must include acceptable completion dates and the following elements:

- Plan of Correction for each specific deficiency cited.
- Procedure/process for implementing the acceptable plan of correction for each deficiency cited.
- Monitoring and tracking procedures to ensure the plan of correction is effective and that specific deficiencies cited remain corrected and/or in compliance with the regulatory requirements.
- Address process improvement and demonstrate how the hospital has incorporated improvement actions into its Quality Assessment and Performance Improvement (QAPI) program.
- Address systems improvement to prevent the likelihood of re-occurrence of the deficient practice.
- A completion date for correction of each deficiency cited.
- Identify the individual responsible for implementing the acceptable plan of correction with signature and title.

Please note that CMS's review of the survey findings is ongoing and it may result in additional administrative action consistent with its authority. This may include, but is not limited to a directed Plan of Correction and extension or amendment of the System Improvement Agreement as necessary to induce WSH to return to compliance.

Please send your plan of correction to the State survey agency and to CMS:

**Facilities Survey and Investigations
Washington State Department of Health
Office of Investigation and Inspection
111 Israel Road SE
P.O. Box 47874
Olympia, WA 98504-7874; Email: ClinicalCareFacilities@doh.wa.gov**

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Seattle Regional Office
Certification & Enforcement Branch
Centers for Medicare & Medicaid Services
701 Fifth Avenue, Suite 1600, Seattle, WA 98104
Email: CMS_RO10_CEB@cms.hhs.gov attn: Karen Roe

I. NO APPEAL RIGHTS

The survey findings and CMS actions taken here are pursuant to the June 2, 2016 Systems Improvement Agreement whereby Western State Hospital waived its Appeal and other litigation rights pending a successful Federal Survey.

Thank you for your cooperation. If you have any questions please contact my staff via e-mail at CMS_RO10_CEB@cms.hhs.gov, attn.: Karen Roe.

Sincerely,



Julius P. Bunch Jr., Manager,
Division of Certification & Enforcement
Seattle Regional Office

Cc: Washington State Department of Health
Office of General Counsel – DHHS
The Joint Commission