

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Room 827  
Dallas, Texas 75202



DIVISION OF SURVEY AND CERTIFICATION, REGION VI

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July 8, 2015

Our Reference: CCN 280119

Randy Jordan, CEO  
Winnebago IHS Hospital  
Hwy 77-75  
Winnebago, NE 68071

Dear Mr. Jordan:

The Centers for Medicare & Medicaid Services (CMS) has determined that Winnebago IHS Hospital no longer meets the requirements for participation in the Medicare program because of deficiencies that represent an **immediate jeopardy** to patient health and safety. We have reviewed the CMS Federal surveyors May 14, 2015, survey report, which show that the following Medicare Conditions of Participation and EMTALA requirements were out of compliance:

**42 CFR 482.12 Governing Body**  
**42 CFR 482.23 Nursing Services**  
**42 CFR 482.54 Outpatient Services**  
**42 CFR 482.55 Emergency Services**  
**42 CFR 489.24(a) & (c) Appropriate Medical Screening Examination**  
**42 CFR 489.24(d) Stabilizing Treatment**  
**42 CFR 489.24(e) Appropriate Transfer**

Hospitals must meet all provisions of Section 1861(e) of the Social Security Act, be in compliance with each of the Medicare Conditions of Participation, and be free of hazard to patient health and safety in order to participate as providers of services in the Medicare program.

The Medicare provider agreement of your hospital will be terminated on **July 23, 2015**. No payment for patients admitted on or after that date will be made by the Medicare program. For patients admitted prior to **July 23, 2015**, payment may continue to be made for up to 30 days of covered inpatient hospital services furnished on and after **July 23, 2015**.

A list of the names and health insurance claim numbers of the Medicare patients remaining in your hospital on **July 23, 2015**, must be forwarded immediately to the Centers for Medicare & Medicaid Services, Division of Survey and Certification, Attention: Ginger Odle, 1301 Young Street, Room 827, Dallas, TX 75202.

We will publish notice of this termination in the **Sioux City Journal** on July 11, 2015. We will notify the appropriate State officials concerning termination of your provider agreement under Title XVIII because the requirements for participation in the Medicaid program are substantially the same as those for Medicare.

If you believe this determination is not correct, you or your legal representative may request a hearing before an administrative law judge of the U.S. Department of Health and Human Services, Departmental Appeals Board. Procedures governing this process are set out in 42 CFR §498.40, *et seq.*

A request for a hearing should 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 have counsel to represent you at a hearing (at your own expense). You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than **September 6, 2015**. Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service.

When using DAB e-File for the first time, you will need to create an account by a) clicking Register on the DAB E-File home page; b) entering the requested information on the Register New Account form; and c) clicking Register Account at the bottom of the form. Each representative authorized to represent you must register separately to use the DAB e-File on your behalf.

The e-mail address and password given during registration must be entered on the login screen at: [https://dab.efile.hhs.gov/user\\_sessions/new](https://dab.efile.hhs.gov/user_sessions/new) to access DAB e-File. A registered user's access to DAB e-File is restricted to the appeals for which he/she is a party or an authorized representative. You can file a new appeal by a) clicking the *File New Appeal* link on the Manage Existing Appeals screen; then b) clicking *Civil Remedies Division* on the File New Appeal screen; and c) entering and uploading the requested information and documents on the File New Appeal-Civil Remedies Division form.

The Civil Remedies Division (CRD) requires all hearing requests to be signed and accompanied by the notice letter from CMS that addresses the action taken and your appeal rights. All submitted documents must be in Portable Document Format (PDF). Documents uploaded to DAB e-File on any day on or before 11:59 p.m. EST will be considered to have been received on that day. You will be expected to accept electronic service of any appeal-related documents filed by CMS or that the CRD issues on behalf of the Administrative Law Judge (ALJ) via DAB e-File.

If you do not have access to a computer or internet service, you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

U.S. Department of Health and Human Services  
Departmental Appeals Board, MS 6132  
Director, Civil Remedies Division  
330 Independence Avenue, SW  
Cohen Building, Room G-644  
Washington, D.C. 20201

Please contact the Civil Remedies Division at 202-565-9462 if you have questions regarding the DAB e-Filing System. If you experience technical issues with the DAB e-Filing System, please contact E-File System at [OSDABImmediateOffice@hhs.gov](mailto:OSDABImmediateOffice@hhs.gov) or call 202-565-0146 before 4:00 p.m. EST.

In addition, please forward a copy of your request to:

CMS Associate Regional Administrator  
Centers for Medicare & Medicaid Services  
Division of Survey and Certification  
ATTN: Ginger Odle  
1301 Young Street; Room 827  
Dallas, TX 75202

In accordance with the Medicare regulation 42 CFR 489.57, a new Medicare provider agreement will not be accepted until it has been determined that the reason for termination of the previous agreement has been removed and there is reasonable assurance that it will not recur. The terminated facility will have to operate for a period of time determined by CMS, during which the reasonable assurance requirement has been satisfied. During this period the facility must fulfill, or make satisfactory arrangements to fulfill, all of the statutory and regulatory responsibilities of the previous agreement.

The CMS contact for Winnebago IHS Hospital is Dodjie Guioa at the Dallas Regional Office. If you have questions regarding this matter, he can be reached at 214-767-6179 or by e-mail at [dodjie.guioa@cms.hhs.gov](mailto:dodjie.guioa@cms.hhs.gov).

Sincerely,



Ginger Odle, Manager  
Enforcement Branch

Enclosure: CMS-2567

cc: Accrediting Organization