

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
CMS-Chicago, Survey & Operations Group
233 North Michigan Avenue, Suite 600
Chicago, IL 60601-5519



CMS Certification Number (CCN): 365046

February 3, 2021
By FAX Only

The Montefiore Home
Attn: Administrator
One David N Myers Parkway
Beachwood, OH 44122-1162

Dear Administrator:

SUBJECT: SURVEY FINDINGS AND IMPOSITION/DISPOSITION OF REMEDIES
Cycle Start Date: October 19, 2020

SURVEY RESULTS

On October 19, 2020, Compliant Investigations and COVID-19 Focused Infection Control Surveys were completed at The Montefiore Home by the Ohio Department of Health (ODH) to determine if your facility was in compliance with the Federal requirements for nursing homes participating in the Medicare and Medicaid programs. These surveys revealed that your facility was not in substantial compliance with the most serious deficiencies cited as follows, including the level of scope and severity (S/S):

- F0812 -- S/S: E -- 483.60(i)(1)(2) -- Food Procurement, Store/Prepare/Serve-Sanitary
- F0880 -- S/S: E -- 483.80(a)(1)(2)(4)(e)(f) -- Infection Prevention & Control

November 24, 2020, and December 11, 2020, Compliant Investigations and COVID-19 Focused Infection Control Surveys were completed at your facility by the ODH to determine if your facility was in compliance with the Federal requirements for nursing homes participating in the Medicare and Medicaid programs. These surveys revealed that your facility was not in substantial compliance and found the most serious deficiency to place the health and safety of your residents in immediate jeopardy. This deficiency was cited as follows, including the level of S/S:

- F0886 -- S/S: L -- 483.80 (h)(1)-(6) -- Covid-19 Testing-Residents & Staff

Surveyors found a situation of immediate jeopardy to resident health and safety beginning October 13, 2020 and removed October 31, 2020. However, they also found that your facility continued not to be in substantial compliance with Federal requirements as a result of uncorrected deficiencies. These deficiencies are as follows:

- F0600 -- S/S: D -- 483.12(a)(1) -- Free From Abuse and Neglect
- F0609 -- S/S: D -- 483.12(c)(1)(4) -- Reporting of Alleged Violations

- F0610 -- S/S: D -- 483.12(c)(2)-(4) -- Investigate/Prevent/Correct Alleged Violation
- F0695 -- S/S: D -- 483.25(i) -- Respiratory/Tracheostomy Care and Suctioning
- F0755 -- S/S: D -- 483.45(a)(b)(1)-(3) -- Pharmacy Services/Procedures/Pharmacist/Records
- F0880 -- S/S: F -- 483.80(a)(1)(2)(4)(e)(f) -- Infection Prevention & Control
- F0886 -- S/S: F -- 483.80 (h)(1)-(6) -- Covid-19 Testing-Residents & Staff
- F0555 -- S/S: D -- 483.10(d)(1)-(5) -- Right to Choose/be Informed of Attending Physician

The State advised you of the deficiencies noted above and provided you with a copy of the survey reports (CMS-2567).

SUMMARY OF ENFORCEMENT REMEDIES

As a result of the survey findings, and as authorized by the Centers for Medicare & Medicaid Services (CMS), the ODH notified you on November 2, 2020 and November 30, 2020, of the imposition of the following remedies, as well as your appeal rights:

- Directed Plan of Correction effective November 17, 2020
- Directed Plan of Correction effective December 15, 2020
- Discretionary Denial of Payment for New Admissions effective December 2, 2020

Based on the survey findings, the State survey agency notified you they were recommending that the CMS impose an additional remedy, as follows:

- Federal Civil Money Penalty

The State survey agency conducted revisits to your facility on December 11, 2020, and found that your facility was in substantial compliance as of December 30, 2020. As a result, the final status of remedies is as follows:

- Denial of Payment for New Admissions which was imposed effective December 2, 2020 is discontinued effective December 30, 2020. **Thus, the remedy applies to any new Medicare and Medicaid admissions from December 2, 2020 through December 29, 2020.**
- Directed Plan of Correction effective November 17, 2020, was imposed and completed.
- Directed Plan of Correction effective December 15, 2020, was imposed and completed.
- Mandatory Termination will not be imposed.
- Federal Civil Money Penalty is imposed, see below.

The authority for the imposition of remedies is contained in subsections 1819(h) and 1919(h) of the Social Security Act ("Act") and Federal regulations at 42 CFR § 488 Subpart F, Enforcement of Compliance for Long-Term Care Facilities with Deficiencies.

DENIAL OF PAYMENT FOR NEW ADMISSIONS

The State agency notified you that the remedy of denial of payment for all new Medicare admissions was imposed effective December 2, 2020 through December 29, 2020. This action is taken pursuant to Section 1819(h)(2)(B) of the Act. We are notifying your Medicare Administrative Contractor that the denial of payment for all new Medicare admissions is effective December 2, 2020 through December 29, 2020. We are further notifying the State Medicaid agency that they must also deny payment for all new Medicaid admissions effective December 2, 2020 through December 29, 2020 pursuant to Section

1919(h)(2)(A) of the Act and Federal regulations at 42 CFR §488.417(a).

You should notify all Medicare and Medicaid residents admitted on or after this date of the restriction. Please note that the denial of payment for new Medicare 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.

CIVIL MONEY PENALTY

In determining the amount of the CMP that we are imposing, we have considered your facility's history, including any repeated deficiencies; its financial condition; and the factors specified in the Federal requirement at 42 CFR § 488.404. We are imposing the following CMP in accordance with these revisions:

- Federal Civil Money Penalty of \$16,305.00 per day for the eighteen (18) days beginning October 13, 2020 and continuing through October 30, 2020 for a total of \$293,490.00
- Federal Civil Money Penalty of \$435.00 per day for the sixty (60) days beginning October 31, 2020 and continuing through December 29, 2020 for a total of \$26,100.00

The total CMP amount imposed is \$316,980.00. If you believe that you have documented evidence that should be considered in establishing the amount of the CMP, the following documents should be submitted electronically to Mrs. Charlotte A. Hodder, RN, BSN, CRRN at charlotte.hodder@cms.hhs.gov within fifteen (15) days from the receipt of this notice:

- Written, dated request specifying the reason financial hardship is alleged
- List of the supporting documents submitted
- Current balance sheet
- Current income statements
- Current cash flow statements
- Most recent full year audited financial statements prepared by an independent accounting firm, including footnotes
- Most recent full year audited financial statements of the home office and/or related entities, prepared by an independent accounting firm, including footnotes
- Disclosure of expenses and amounts paid/accrued to the home office and/or related entities
- Schedule showing amounts due to/from related companies or individuals included in the balance sheets. The schedule should list the names of related organizations or persons and indicate where the amounts appear on the balance sheet (e.g., Accounts Receivable, Notes Receivable, etc.)
- If the nursing home requests an extended payment schedule of more than twelve (12) months duration, the provider must submit a letter from a financial institution denying the provider's loan request for the amount of the CMP

The CMP is due and payable and may be placed in escrow account fifteen days after one of the following, whichever occurs first:

- The date on which an Independent IDR process is completed, if applicable or
- The date which is 90 calendar days after the date of the notice of imposition of the civil money penalty.

CMP REDUCED IF HEARING WAIVED

If you waive your right to a hearing, **in writing**, within 60 calendar days from receipt of this notice, the amount of your CMP will be reduced by thirty-five percent (35%). To receive this reduction, the written waiver should be sent to the CMS-Chicago at CMSChicagoLTChearingWaivers@cms.hhs.gov. **Please include your CCN and the Cycle Start Date in the subject line of your email.**

The failure to request a hearing within 60 calendar days from your receipt of this notice does not constitute a waiver of your right to a hearing for purposes of the 35% reduction.

CMP CASE NUMBER

A CMP case number will be assigned to your case only when the final CMP is due and payable. At that time you will receive a notice from this office with the CMP case number and payment instructions. Prior to the assignment of a CMP case number, you must ensure that your facility's name, CMS Certification Number (CCN), and the enforcement cycle start date appear on any correspondence pertaining to this CMP.

- Your CMS Certification Number (CCN) is 365046.
- The start date for this cycle is October 19, 2020.

CMP PAYMENT

When due, the CMP is payable by check to CMS at the following address:

Centers for Medicare & Medicaid Services
Division of Accounting Operations
Mail Stop C3-11-03
Post Office Box 7520
Baltimore, MD 21207

If you use a delivery service, such as Federal Express, **use the following address only:**

Centers for Medicare & Medicaid Services
Division of Accounting Operations
Mail Stop C3-11-03
7500 Security Boulevard
Baltimore, MD 21244

Note that your check must be sent to one of the above addresses--not to the Chicago Regional Office. If the total amount of the CMP is not received by the due date, interest will be assessed in accordance with the regulations at 42 CFR § 488.442 on the unpaid balance of the penalty beginning on the due date. The Federal rate of interest is 9.625%. The CMP, and any interest accrued after the due date, will be deducted from sums owing to you **without any further notification from this office.**

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the 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 \$11,160.00; 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.

Because a denial of payment remedy went into effect, this provision is applicable to your facility. Therefore, The Montefiore Home is prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from December 2, 2020. You will receive further information regarding this from the State agency. This prohibition remains in effect for the specified period even though other actions relating to remedies are being taken, as indicated above. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

APPEAL RIGHTS

The State survey agency previously advised of your right to appeal the noncompliance that resulted in the imposition of the remedies of:

- Directed Plan of Correction effective November 17, 2020
- Directed Plan of Correction effective December 15, 2020
- Discretionary Denial of Payment for New Admissions effective December 2, 2020

Please refer to those notices and note the deadlines for the appeals. As of this date, we have not received a request for a hearing.

This formal notice imposed:

- Federal Civil Money Penalty

If you disagree with the findings of noncompliance which resulted in this imposition, or the finding of noncompliance from the November 24, 2020 and December 11, 2020 surveys, which resulted in the continuation of previously imposed remedies, 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 (DAB). Procedures governing this process are set out in Federal regulations at 42 CFR § 498.

You are required to file your appeal electronically at the Departmental Appeals Board Electronic Filing System Web site (DAB E-File) at <https://dab.efile.hhs.gov/>. To file a new appeal using DAB E-File, you first need to register a new account by: (1) clicking Register on the DAB E-File home page; (2) entering the information requested on the "Register New Account" form; and (3) clicking Register Account at the bottom of the form. If you have more than one representative, each representative must register separately to use DAB E-File on your behalf.

The e-mail address and password provided during registration must be entered on the login screen at 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 is a party or authorized representative. Once registered, you may file your appeal by:

- Clicking the **File New Appeal** link on the Manage Existing Appeals screen, then clicking **Civil Remedies Division** on the File New Appeal screen.
- Entering and uploading the requested information and documents on the "File New Appeal- Civil Remedies Division" form.

At minimum, the Civil Remedies Division (CRD) requires a party to file a signed request for hearing and the underlying notice letter from CMS that sets forth the action taken and the party's appeal rights. A request for a hearing should identify the specific issues and the findings of fact and conclusions of law with which you disagree, including a finding of substandard quality of care, if applicable. It should also specify the basis for contending that the findings and conclusions are incorrect. The DAB will set the location for the hearing. Counsel may represent you at a hearing at your own expense.

All documents must be submitted in Portable Document Format ("PDF"). Any document, including a request for hearing, will be deemed to have been filed on a given day, if it is uploaded to DAB E-File on or before 11:59 p.m. ET of that day. A party that files a request for hearing via DAB E-File will be deemed to have consented to accept electronic service of appeal-related documents that CMS files, or CRD issues on behalf of the Administrative Law Judge, via DAB E-File. Correspondingly, CMS will also be deemed to have consented to electronic service. More detailed instructions for using DAB E-File in cases before the DAB's Civil Remedies Division can be found by clicking the button marked **E-Filing Instructions** after logging-in to DAB E-File.

For questions regarding the E-Filing system, please contact E-File System Support at **OSDABImmediateOffice@hhs.gov**.

Please note that **all** hearing requests must be filed electronically unless you have no access to the internet or a computer. In those circumstances, you will need to provide an explanation as to why you are unable to file electronically and request a waiver from e-filing with your written request. Such a request should be made to:

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

A request for a hearing must be filed no later than 60 days from the date of receipt of this notice.

INFORMAL DISPUTE RESOLUTION

The State agency offered you an opportunity for informal dispute resolution (IDR) following its survey visit. A request for IDR will not delay the effective date of any enforcement action. However, IDR results will be considered when applicable.

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

In accordance with 42 CFR § 488.431, when a civil money penalty subject to being collected and

placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of substandard quality of care (SQC) or immediate jeopardy. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been found to constitute SQC or immediate jeopardy) to:

Bureau of Regulatory Operations
246 N. High Street, Second Floor
Columbus, OH 43215
Email: BRC@odh.ohio.gov

This request must be sent within 10 calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

CONTACT INFORMATION

If you have any questions regarding this matter, please contact Mrs. Charlotte A. Hodder, RN, BSN, CRRN, Program Representative, at (312) 353-5169. Information may also be faxed to (443) 380-6606.

Sincerely,



Beth A. Karpiak
Long Term Care Branch Manager
CMS-Chicago, Survey & Operations Group

cc: Ohio Department of Health
Ohio Department of Medicaid
State LTC Ombudsman
IPRO
U.S. Department of Justice - Northern District of Ohio
CIGNA Government Service Administrators, LLC