DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Western Division of Survey and Certification
San Francisco Regional Office
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

Refer to: WDSC-hm

IMPORTANT NOTICE -PLEASE READ CAREFULLY

July 30, 2019

CMS Certification Number: 29-4009

Stephen McCabe, CEO
Montevista Hospital
5900 W. Rochelle Avenue
Las Vegas, NV 89103

RE: Involuntary Termination of Medicare Provider Agreement After Revisit Survey June 14, 2019; Conditions of Participation not met; Termination Date: August 14, 2019

Dear Mr. McCabe:

After careful review, the Centers for Medicare and Medicaid Services (CMS) has determined that Montevista Hospital no longer qualifies for participation as a psychiatric hospital in the Medicare program established under Title XVIII, Section 1866(b) of the Social Security Act (the Act). Therefore, your Medicare agreement will be terminated effective 12:01 a.m. Pacific Daylight Time on **August 14, 2019.**

As you were previously notified, complaint validation surveys at Montevista Hospital were completed by the Nevada Department of Health and Human Services (NDHHS) and Federal surveyors on January 17, 2019 and February 22, 2019. The surveys documented that Montevista Hospital was in violation of the following Conditions of Participation (CoP): 42 C.F.R. §§ 482.12, 482.13, 482.21, 482.24, 482.26, 482.27, 482.41, 482.52, 482.61, and 482.62. By notice dated March 6, 2019, CMS informed you that based on the findings from the January 17, 2019 and February 22, 2019 surveys, the hospital's Medicare provider agreement could be terminated if it did not come into compliance with the applicable Medicare Conditions of Participation. Since that time, you submitted an Allegation of Correction, based upon which a revisit was authorized by this office.

Revisit Survey Completed on June 14, 2019

In response to your allegations that you had corrected all deficiencies identified during the January 17, 2019 and February 22, 2019 surveys and were otherwise in substantial compliance with all applicable CoPs for psychiatric hospitals set forth at 42 C.F.R. Part 482, the NDHHS conducted a revisit survey of your facility. This survey, which was completed on June 14, 2019, documented that, notwithstanding your representations of compliance, Montevista Hospital was still not in substantial compliance with the applicable CoPs for psychiatric hospitals set forth at

42 C.F.R. Part 482. The revisit survey completed on June 14, 2019 found that Montevista Hospital remained out of compliance with the following CoPs:

42 C.F.R. § 482.12	Governing Body
42 C.F.R. § 482.13	Patient's Rights
42 C.F.R. § 482.21	Quality Assessment and Performance Improvement Program
42 C.F.R. § 482.23	Nursing Services
42 C.F.R. § 482.24	Medical Record Services
42 C.F.R. § 482.61	Special Medical Record Requirements for Psychiatric Hospitals
42 C.F.R. § 482.62	Special Staff Requirements for Psychiatric Hospitals

During the revisit survey completed June 14, 2019, the team identified two Immediate Jeopardy situations. **The Immediate Jeopardy situations were abated on June 12, 2019.**

The findings of the June 14, 2019 survey are set forth in the attached Statement of Deficiencies (Form CMS-2567).

Termination of Provider Agreement

As you are aware, to participate in the Medicare program, a hospital must be in compliance with each of the applicable regulatory CoPs for hospitals at 42 C.F.R. Part 482. CMS has determined that the deficiencies documented by the June 14, 2019 survey either individually or in combination substantially limit the hospital's capacity to render adequate care or adversely affect patient health and safety, thus establishing a basis under 42 C.F.R. § 488.24(b) for concluding that the above-referenced Conditions of Participation are not met. Therefore, because Montevista Hospital is not in compliance with all applicable Conditions of Participation set forth at 42 C.F.R. Part 482, as established by the revisit survey, we are terminating Medicare coverage effective **12:01 a.m. Pacific Daylight Time, August 14, 2019.** *See* Social Security Act § 1866(i); *see also* 42 C.F.R. §§ 488.24(b), 488.24(c), 488.26(b), 488.28, 489.53(a)(1) & (3).

There will be no payment for inpatient services rendered to Medicare and/or Medicaid beneficiaries admitted on or after **12:01 a.m. Pacific Daylight Time, August 14, 2019.** To facilitate the appropriate movement and placement of Medicare and/or Medicaid patients in your facility upon termination of your Medicare provider agreement, payments for services to Medicare and/or Medicaid residents who were admitted to your facility prior to the effective date of termination may be permitted for up to a maximum of thirty (30) days after the effective date of termination. *See* 42 C.F.R. § 489.55(a)(1).

Public Notice

In accordance with 42 C.F.R. § 488.456(c), CMS is required to provide the general public with notice of an impending termination and will publish a notice prior to the effective date of termination. Public notice of termination will be published on the CMS Website at https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Termination-Notices.html on or before **July 30, 2019**. *See Agreement Termination Notices Final Rule (CMS-1677-F).*

Application for Readmission Following Involuntary Termination

Once terminated, Montevista Hospital may apply for reinstatement. *See* 42 C.F.R. § 489.57. However, a new agreement will not be accepted unless CMS determines that the reason for termination of the previous agreement has been removed and that there is "reasonable assurance" that the hospital can maintain compliance with all applicable Conditions of Participation. 42 C.F.R. § 489.57(a). Compliance will be verified by on-site surveys conducted at the beginning and end of a reasonable assurance period determined by CMS. This period will be a minimum of 90 days. Prior to issuance of a new provider agreement the hospital also must fulfill, or make satisfactory arrangements to fulfill, all of the statutory and regulatory responsibilities of its previous agreement (including resolution of all outstanding financial obligations due the Medicare program). 42 C.F.R. § 489.57(b). Additionally, before readmission to the Medicare program, you must demonstrate your ability to comply with all pertinent requirements of Title XVIII of the Social Security Act (including your financial ability to provide the services required for Medicare participation). *See, e.g.*, 42 C.F.R. § 489.12(a)(4); *See generally* 42 C.F.R. Part 489, Subpart B.

Assuming substantial compliance with participation requirements is documented at the beginning and end of the reasonable assurance period, and assuming all other federal requirements are met, Medicare certification and reimbursement will begin following the conclusion of the reasonable assurance period in accordance with the terms of 42 C.F.R. § 489.13.

Appeal Rights

If you disagree with this action imposed on your facility, 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 42 C.F.R. 498.40, et seq. 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 **sixty (60) days after receiving this letter**. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Paula Perse, Manager
Certification and Enforcement Branch
Division of Survey and Certification
Centers for Medicare and Medicaid Services
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

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. In those circumstances 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:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462

A request for a hearing should identify the specific issues, 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. At an appeal hearing, you may be represented by counsel at your own expense.

If you have any questions, please contact Paula Perse, Manager, CMS San Francisco Certification and Enforcement Branch at (415) 744-3746.

Sincerely,

Steven Chickering
Associate Regional Administrator
Western Division of Survey and Certification

Enclosures: CMS-2567 (Health revisit surveys, A and B tags)

cc: Nevada Department of Health and Human Services
State Medicaid Agency
The Joint Commission