



Send via Email: kfouts@mt.gov
CMS Certification Number: 274086

November 9, 2021

Kyle Fouts, Administrator
Montana State Hospital
100 Garnet Way
Warm Springs, Montana 59756

Dear Administrator:

We are pleased to inform you that as a result of the substantial allegation survey conducted by the Montana Department of Public Health and Health Services, Quality Assurance Division, Certification Bureau on September 27-30, 2021, Montana State Hospital was found to be in compliance with the selected Medicare Conditions of Participation which were reviewed as a result of the substantial allegation.

The Montana Department of Public Health and Health Services, Quality Assurance Division, Certification Bureau cited four deficiencies at the Standard level, which are documented on the enclosed Form CMS-2567, Statement of Deficiencies and Plan of Correction.

Since Montana State Hospital has been found in compliance with the Medicare Conditions of Participation for Hospitals, submission of a plan for correcting the deficiencies is not required. However, you should be aware that copies of the Form CMS-2567 and subsequent plans of correction are releasable to the public upon request in accordance with the provisions at 42 CFR § 401.133. You may, therefore, wish to submit your comments on the survey findings and any plans for correcting the cited deficiencies on the enclosed CMS-2567. An acceptable Plan of Correction would include the following elements:

1. The plan for correcting each specific deficiency cited;
2. The plan for improving the processes that led to the deficiency cited, including how the hospital is addressing improvements in its systems in order to prevent the likelihood of recurrence of the deficient practice;
3. The procedure for implementing the PoC, if found acceptable, for each deficiency cited;
4. A completion date for correction of each deficiency cited;
5. The monitoring and tracking procedures that will be implemented to ensure that the PoC is effective and that the specific deficiency cited remains corrected and in compliance with the regulatory requirements; and

6. The title of the person(s) responsible for implementing the acceptable PoC.

Complete the right-hand side of the Form CMS-2567 for each deficiency. Please forward the completed PoC to:

Montana Department of Public Health and Health Services, Quality Assurance
Division, Certification Bureau
Attn: Todd Boucher
P.O. Box 202953
Helena, Montana 59620

If you have additional questions, you may contact me at (303) 844-7127 or
kimmie.hudson@cms.hhs.gov.

Sincerely,

Kimmie Hudson
Acute and Continuing Care Branch

Enclosure(s): Form CMS-2567

Copies *via e-mail* to:

Montana Department of Public Health and Health Services, Quality Assurance Division,
Certification Bureau