



MIDWEST DIVISION OF SURVEY AND CERTIFICATION

June 9, 2017

CMS Certification Number (CCN): pending
National Provider Identifier (NPI): 1184071532

Dwain Shaw, CEO
Adair Acute Care at Osawatomi State Hospital
500 State Hospital Drive
Osawatomi, Kansas 66064-1813

Regarding: Denial of Medicare Participation

Dear Mr. Shaw:

The Centers for Medicare & Medicaid Services (CMS) Kansas City Regional Office has determined that Adair Acute Care at Osawatomi State Hospital's request for certification after involuntary termination has been denied.

A Medicare provider agreement terminated under the provisions of 42 C.F.R. §489.53 and reinstated under the provisions of 42 C.F.R. §489.57 is required to operate for a period of time without recurrence of the deficiencies that were the basis for the termination, **and** must demonstrate that it has fulfilled, or has made satisfactory arrangements to fulfill, all of the statutory and regulatory responsibilities of its previous agreement.

In order to participate in the Medicare program, a psychiatric hospital must meet all of the statutory provisions of section 1861(f) of the Social Security Act (the Act) and be in compliance with the regulatory requirements at 42 C.F.R. §§ 482.1 to 482.57 and 42 C.F.R. §§ 482.60 to 482.62. A full survey conducted by Healthcare Management Solutions (HMS), LLC, Ascillon, and the Kansas State Fire Marshall on behalf of the CMS concluded on May 12, 2017. Based upon the findings from the survey, CMS has determined that Adair Acute Care at Osawatomi State Hospital is not in substantial compliance with the Medicare Conditions of Participation for psychiatric hospitals. The following Medicare Conditions of Participation are not met:

- 42 C.F.R. § 482.12, Governing Body;
- 42 C.F.R. § 482.21, Quality Assurance and Performance Improvement;
- 42 C.F.R. § 482.26, Radiologic Services;
- 42 C.F.R. § 482.28, Food and Nutrition Services; and
- 42 C.F.R. § 482.42, Infection Control

Enclosed, you will find a complete listing of the deficiencies identified during the survey conducted by HMS. This is for your information only. Although you may submit written comments regarding the findings, please do not submit a plan of correction.

Under the CMS regulations at 42 C.F.R. §498.3(d)(4), this notification of the findings is an administrative action, not an initial determination by the Secretary, and therefore formal reconsideration and hearing procedures do not apply.

After you have taken action to correct the condition level deficiencies cited in the enclosed 2567, please contact our office and the Kansas Department of Health and Environment so that we may arrange for a new survey. Following a successful survey, our office will establish the length of the "reasonable assurance" (RA) period as described in Section 2016B of the State Operations Manual. Throughout the RA time period, your facility must sustain compliance with all of the statutory and regulatory responsibilities of its previous agreement. Upon completion of the RA time period, we will authorize an initial certification survey.

When it is determined your facility is in compliance with all the Medicare conditions of participation (CoPs) applicable to psychiatric hospitals, we will certify your facility for participation in the Medicare program. Please note, the effective date of Medicare participation in accordance with 42 C.F.R. §489.13 may not be earlier than the date on which the applicant meets all the federal requirements.

If you have any questions concerning this notice, please contact Victoria Vachon at (816) 426-2011.

Sincerely,



Nadine Renbarger
Associate Regional Administrator
Midwest Division, Survey & Certification

cc:
KDHE
OGC
SMA
WPS