



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing
AdministrationRegional Office III
P.O. Box 7760, 3535 Market St.
Philadelphia, PA 19101

TO:
DAVID ROEMER
U.S. ATTY: GEN.
FROM:
MERRYL BAZET

JUL 14 1995

Ms. Mollie Hess
Executive Director
Philadelphia Nursing Home
Girard Avenue & Corinthian Street
Philadelphia, Pennsylvania 19130

Provider Number: 39-5478

CRIPA Investigation



NH-PA-004-003

Dear Ms. Hess:

Our letter of June 23, 1995, informed you that deficiencies identified by the Pennsylvania Department of Health (state survey agency) during the survey conducted June 1, 2 and June 5-16, 1995, constituted an immediate and serious threat to the health and safety of your residents. As a result, we determined that your facility would be terminated from participation in the Medicare program, effective July 9, 1995. A revisit conducted by the Pennsylvania Department of Health on July 7 and July 10-11, 1995, found that the immediate threat to resident health and safety had been removed. Therefore, we have rescinded the July 9, 1995 termination.

The following Level A deficiencies were cited during the June 1, 2 and June 5-16, survey:

- 42 CFR 483.13 - Resident behavior and facility practices
- 42 CFR 483.15 - Quality of life
- 42 CFR 483.20 - Resident assessment
- 42 CFR 483.25 - Quality of care
- 42 CFR 483.30 - Nursing services
- 42 CFR 483.35 - Dietary services
- 42 CFR 483.65 - Infection control
- 42 CFR 483.70 - Physical environment
- 42 CFR 483.75 - Administration

The July 7, and July 10-11 revisit found that all of the above level A requirements remained out of compliance.

The deficiencies which remained during the revisit are of such a serious nature as to substantially limit the facility's capacity to provide adequate care to its residents. Therefore, we are assigning a new Medicare termination date consistent with that finding, to be effective September 14, 1995. This action is taken pursuant to the authority contained in Section 1866(b)(2) of the Act. As required by program regulations, we will arrange to publish a notice in The Philadelphia Inquirer to advise the public of the termination.

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The Philadelphia Nursing Home is also certified as a nursing facility in the Title XIX (Medicaid) program in Pennsylvania. To participate in the Medicaid program as a provider of nursing facility services, a facility must meet all the provisions of Section 1919 (b), (c), and (d) of the Act. Questions concerning the Medicaid status of the facility should be directed to the Pennsylvania Welfare Department.

If you believe this determination is not correct, you may request a hearing before an Administrative Law Judge of the Department of Health and Human Services, Departmental Appeals Board. Procedures governing this process are set out in regulations at 42 CFR 498.40 et seq. A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter. Such a request may be made to:

Claudette V. Campbell
Associate Regional Administrator
Division of Health Standards and Quality
Health Care Financing Administration
P. O. Box 7760 - Mail Stop 13
Philadelphia, Pa. 19101

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 be represented by counsel at a hearing at your own expense.

To forestall termination of the Philadelphia Nursing Home's participation in Medicare, you must correct the Level A deficiencies and your facility must be in compliance with the Requirements for Long Term Care Facilities. After you have taken the necessary steps to correct the deficiencies, you must provide this office with a credible allegation of compliance. We will evaluate the allegation of compliance and determine whether a resurvey is warranted. If a resurvey verifies that the Philadelphia Nursing Home has taken the necessary steps to comply with the Requirements for Long Term Care Facilities, we will rescind the decision to terminate your Medicare participation and notify you of this in writing.

If the Philadelphia Nursing Home is terminated, the Medicare program will not make payment for skilled nursing facility services furnished to patients who are admitted on or after September 14. For patients admitted prior to September 14, payment may continue to be made for a maximum of 30 days for services furnished on or after that date. A list showing the names and health insurance claim numbers of beneficiaries in your facility on September 14 should be forwarded to my attention.

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If you do not take corrective action as herein indicated and your participation in the Medicare program is terminated, the Philadelphia Nursing Home will not be readmitted to the Medicare program unless you can demonstrate to HCFA that the reason for termination has been removed and there is a reasonable assurance that it will not recur.

Sincerely,



Claudette V. Campbell
Associate Regional Administrator
Health Standards and Quality