



December 22, 2015

Dr. John Worley, Superintendent
Osawatomie State Hospital
500 State Hospital Drive
PO Box 500
Osawatomie, KS 66064

RE: Notice of Termination: CMS Certification #174004

Dear Dr. Worley:

To participate in the Medicare program, a hospital must meet the requirements established under Title 18 of the Social Security Act (the Act) and the regulations established by the Secretary of Health and Human Services under the authority contained in §1861(e) of the Act. Further, §1866(b) of the Act authorizes the Secretary to terminate the provider agreement of a hospital that fails to meet these provisions.

Surveyors from the State survey agency conducted a complaint survey at Osawatomie State Hospital that concluded on November 3, 2015 that resulted in an immediate jeopardy situation. The Centers for Medicare and Medicaid Services determined that Osawatomie State Hospital no longer met the requirements for participation as a provider of services in the Health Insurance for the Aged and Disabled Program (Medicare), established under Title 18 of the Social Security Act. The facility did not meet the following Condition[s] of Participation:

42 Code of Federal Regulations (CFR) 482.23, Nursing Services

Hospital staff submitted a plan of correction for the November 3, 2015 deficiencies and State surveyors then conducted an immediate jeopardy revisit that ended on December 18, 2015. Surveyors found that the hospital was not in compliance with the following Condition[s] of Participation:

42 CFR 482.23, Nursing Services

See the enclosed summary of findings where surveyors identified that patients' health and safety were at serious risk.

After a careful review of these facts, The Center for Medicare and Medicaid Services (CMS) has determined that Osawatomie State Hospital does not meet the requirements for participation as a hospital in the Medicare program under Title 18 of the Social Security Act.

When a hospital is found to be out of compliance with one or more Conditions of Participation, a determination must be made that the facility no longer meets the requirements for participation as a provider of services in the Medicare program. Such a determination has been made in the case of

Osawatomi State Hospital and, accordingly, CMS will proceed to terminate the hospital's participation in the Medicare program. This termination will be effective at the close of business on December 21, 2015.

CMS arranged for publication of a public notice of the termination of the hospital from the Medicare program in a local newspaper on December 18, 2015. CMS will also notify the State Medicaid agency of your termination.

If you disagree with this determination, a hospital staff person or its legal representative may request a hearing before an Administrative Law Judge (ALJ) of the Department of Health and Human Services, Departmental Appeals Board. Procedures governing this process are set out in 42 CFR 498.40 et seq. A written request for a hearing must be filed on later than 60 days from the date of receipt of this letter. Such a request may be made to:

Department of Health and Human Services
Departmental Appeals Board
Civil Remedies Division
Attention: Oliver A. Potts, Chief
330 Independence Avenue, Southwest
Cohen Building, Room G-644
Washington, D.C. 20201

A copy of your request for a hearing must be sent to the State survey agency and the following offices:

Captain Victoria Vachon, Branch Manager
Centers for Medicare and Medicaid Services
Midwest Division of Survey and Certification
Richard Bolling Federal Building
601 East 12th Street, Room 355
Kansas City, Missouri 64106

Chief Counsel
Office of the General Counsel
Room N 1800
601 E. 12th Street
Kansas City, Missouri 64106

A request for a hearing should identify the specific issues, and the findings of fact and conclusions of law with which the hospital disagrees. It should also specify the basis for contending that the findings and conclusions are incorrect. Counsel at a hearing may represent you at your own expense.

If termination is effectuated, hospital staff may take steps to meet the participation requirements and establish the hospital's eligibility to participate again in the Medicare program as a provider of hospital services. You may obtain the necessary applications from your State survey agency. If you wish to be readmitted to the program, you must demonstrate that you are able to maintain compliance.

If you have any questions concerning this letter, please contact Joyce Smith at telephone number 785-296-0131.

Sincerely yours,

Joyce Smith, Director
Health Facilities Program

Enclosure: OSH Summary of Findings

cc: Joyce Smith
Angela Jirik