

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO *Myers* *copy to Sam's + Kristy + Decider* *Sub. dev* DATE *8-7-08*

<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER <i>100073</i>		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Fortner</i> <i>E: DS</i>		<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	
		<input type="checkbox"/> FOIA DATE DUE _____	
		<input checked="" type="checkbox"/> Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

<b>TO</b>  <i>Myers</i>	<b>DATE</b>  <i>8-17-08</i>
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2.			
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4.			



C. Earl Hunter, Commissioner

*Promoting and protecting the health of the public and the environment.*



AUG 6 2008

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

August 4, 2008

Ms. Marcy Drewry, Administrator  
Anne Maria Rehab & Nsg Ctr  
P O Box 6277  
North Augusta, SC 29841  
425296

*log: Myers*  
*N/A*  
*cc: MS. For User*

Dear Ms. Drewry:

This is to advise that Anne Maria Rehab & Nursing Center has been designated by CMS as a "Special Focus Facility" (SFF) due to its history of noncompliance with quality of care and safety requirements under Medicare over the past 3 years. Such poor quality of care has been evident through standard survey results as well as deficiencies identified during complaint surveys. The purpose of this letter is to notify you of the seriousness with which we view such poor quality and to explain what such history means for your facility as it participates in the SFF initiative.

CMS began the SFF initiative to address the problem facilities that consistently provide poor quality of care but periodically make enough improvement in the presenting problems to pass one survey, only to fail the next (for many of the same problems as before). Facilities with such a "yo-yo" history rarely address the underlying systemic problems that give rise to repeated cycles of serious deficiencies.

#### What Does This Mean?

The SFF initiative is intended to promote more rapid and substantial improvement in the quality of care in identified nursing homes, and end the pattern of repeated cycles of non-compliance with quality of care requirements. SFF nursing homes are provided with more frequent survey and certification oversight. CMS' policy of progressive enforcement means that any nursing home that reveals a pattern of persistent poor quality is subject to increasingly stringent enforcement action, including stronger civil monetary penalties, denial of payment for new admissions, and/or termination of the Medicare provider agreement.

In light of your facility's recent history of poor quality, the State survey agency (SA) will conduct two standard surveys per year in your facility, instead of the one required by law. We will also pay close attention to the proper application of CMS' progressive enforcement policy.

The progressive enforcement policy applies to all nursing homes, but is particularly important in the case of SFF nursing homes because such nursing homes have demonstrated such a serious and persistent pattern of poor quality.

### **How Does a Facility Get Removed From the SFF Program?**

A nursing home may graduate from the SFF program when it demonstrates at two consecutive standard surveys that it has deficiencies cited at a scope and severity level of no greater than "E" and no intervening complaint-related deficiencies greater than "E". However, if a facility has been unable to achieve survey results at a level of 'no actual harm' after three standard surveys (approximately 18 months), CMS may also remove a facility from the SFF program through termination of the Medicare provider agreement.

### **Enforcement for Lack of Significant Progress**

CMS will impose an immediate sanction(s) with respect to your facility if it is cited with any deficiency(ies) on the first and each subsequent survey after it was designated as a SFF. Enforcement remedies will be of increasing severity. These will include, at a minimum, a Civil Money Penalty and/or a Denial of Payment for new Admissions. If after 3 standard surveys (approximately 18 months) subsequent to being selected as a SFF, the nursing home fails to have made significant progress (i.e., unable to achieve a survey with 'no actual harm' and 'no substandard quality of care'), CMS will issue a notice of termination from the Medicare and Medicaid program unless there are substantial, new developments that indicate a high probability of improvement in the systems of care at the nursing home. If the provider agreement is terminated, CMS will consider the facility's status and progress (or lack of progress) as a SFF in setting a reasonable assurance period before a facility may be reinstated to participate in Medicare.

### **Can This Be Appealed?**

Your selection as a SFF is not subject to appeal. However, you still have the right to informal dispute resolution regarding the findings of a survey (see 42 Code of Federal Regulations 488.331) and the right to appeal the noncompliance that led to a remedy through an Administrative Law Judge of the Department of Health and Human Services. Specific requirements for requesting a formal hearing are contained in the notice of the imposition of the remedy.

### **Public Notice**

CMS will make public a list of nursing homes that have been designated as a SFF. This information will be made available on the CMS website with a link from Nursing Home Compare.

We encourage you to take this communication seriously, as it is based on serious and persistent quality of care problems for which you have responsibility.

Most importantly, we hope you will take this opportunity to redouble efforts to improve the quality of care provided to residents in your nursing home.

We are also sending a copy of this notice to other accountable parties to give them notice of the designation of SFF for your facility.

If you have any questions, please contact me at 803-545-4282.

Sincerely,



Sara S. Granger, Director  
Division of Certification

cc:

Atlanta Regional Office  
State Medicaid Director  
State Ombudsman  
Division of Health Licensing  
Quality Improvement Organization