

MEMORANDUM
Texas Department of Human Services

TO: Long Term Care-Regulatory
Regional Directors and State Office Managers

FROM: Jeanoyce Wilson, Unit Manager
Long Term Care-Regulatory Policy
State Office MC: W-519

SUBJECT: Regional Survey & Certification Letter #03-06

DATE: April 3, 2003

The attached Centers for Medicare and Medicaid Services (CMS), Regional Survey and Certification (RS&C) Letter is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 03-06 – Information Required by Regulation for CMS to Timely Initiate, Continue, or Stop Any Nursing Home Enforcement Action

If you have questions about this subject, please contact Enforcement Coordinators Kim Lammons or Hannah Waiganjo-Ndike in the LTC-R Sanctions Unit at (512) 438-2405 or (512) 438-2133 respectively.

[signature on file]

Jeanoyce Wilson

JW:cos

Attachment

c: Evelyn Delgado, E-340
Paul Leche, W-615
Merrie Duflot, W-404
Regional Administrators



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Division of Survey and Certification, Region VI

1301 Young Street, Room 827
Dallas, Texas 75202
Phone (214) 767-6301
Fax (214) 767-0270

March 25, 2003

Regional Survey and Certification Letter No. 03-06

To: All State Survey Agencies (Action)
All Title XIX Single State Agencies (Information)

Subject: Information Required by Regulation for CMS to Timely Initiate, Continue, or Stop Any Nursing Home Enforcement Action

With the implementation of the enforcement regulations for nursing homes effective July 1995, CMS developed instructions for State Survey Agencies (SSA). Chapter 7 of the State Operations Manual details the information necessary to initiate, continue, and/or stop an enforcement action. Dallas developed an "enforcement packet" with the necessary information. Then we developed the **"enforcement team worksheet"** to assist States in providing key pieces such as Medicare/Medicaid census, provider fax and telephone numbers, and rationale for recommendation of remedies. As an alternative to the Dallas enforcement team worksheet, a State could develop or modify a State-specific form with the required information. We identified the specific federal forms (i.e. CMS1539, CMS462L, and CMS-2567) that States are required to send to the RO.

Despite our efforts, States continue to send the RO incomplete enforcement packets. In order to receive all necessary information and assure timely enforcement, we have revised our enforcement worksheet into an **"Enforcement Fax Coversheet"** (see attachments). The **"Enforcement Fax Coversheet"** for each State may be slightly different to accommodate State-specific forms. SSAs must complete and fax an **"Enforcement Fax Coversheet"** with each enforcement action. Please assure your staff review and complete the **"Enforcement Fax Coversheet"** to ensure that all required information is included in each enforcement packet.

The effective date for implementation of this new form is April 15, 2003. Beginning April 16, 2003, the RO will delay action on any enforcement action if the enforcement packet that does not contain the information listed. The RO will notify the SSA by e-mail of items missing or incomplete. The RO will track the number of incomplete enforcement packets from each State.

If you have any questions, please contact Josie Vargas at 214/767-4428, e-mail Jvargas@cms.hhs.gov; Sony Chuprinko at 214/767-4407, e-mail Schuprinko@cms.hhs.gov; or Judy Thomas at 214/767-6214, e-mail Jthomas@cms.hhs.gov. Thanks for your assistance in this matter.

Sincerely,

David Wright, Chief
Long Term Care Branch

Attachments



FAX COVER SHEET

FROM: **TEXAS (TDHS)** LTC Sanctions

TO: Dallas Regional Office of
Fax Number: (214) 767-0270



ATTENTION: LTCB Enforcement Coordinator

★ **Enforcement action for** (provider name):

State Zone:

To **BEGIN** or **CONTINUE** action, you
MUST send **at least** the following:

To **END** enforcement action, you
MUST send **at least** the following:

☐ CMS-1539 (C&T)

☐ CMS-1539 (C&T)

☐ 462L (Adverse Action Extract)

☐ 462L (Adverse Action Extract)

☐ 562 (if applicable) (complaints)

☐ Report of Contact

☐ ETW (Enforcement Team Worksheet)

☐ Report of Contact

☐ Letter to facility

TO STATE AGENCY:

➤ All surveys **MUST** be uploaded to ASPEN RO by the time the 2567 is sent to the facility.

(CMS needs all CMS-2567s in cases of SQC, CMPs, or impending termination.
If you experience difficulties with ASPEN RO, e-mail the surveys to CMS.)

➤ Be sure you have supplied the (verified as) correct facility...

- ☐ mailing address (include P.O. Box number, if applicable)
- ☐ phone number
- ☐ fax number

Original fax contains _____ pages, including this cover sheet.

FAX COVER SHEET

FROM: ARKANSAS (ADHS) LTC Sanctions

TO: Dallas Regional Office of
Fax Number: (214) 767-0270



ATTENTION: LTCB Enforcement Coordinator

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FAX COVER SHEET

FROM: LOUISIANA (LDHH) LTC Sanctions

TO: Dallas Regional Office of
Fax Number: (214) 767-0270



ATTENTION: LTCB Enforcement Coordinator

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FROM: NEW MEXICO (NMDH) LTC Sanctions

TO: Dallas Regional Office of
Fax Number: (214) 767-0270



ATTENTION: LTCB Enforcement Coordinator

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FAX COVER SHEET

FROM: OKLAHOMA (OSDH) LTC Sanctions

TO: Dallas Regional Office of
Fax Number: (214) 767-0270



ATTENTION: LTCB Enforcement Coordinator

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