

Northeast Consortium/ Division of Survey & Certification

Revised

October 7, 2008

Dr. Kathleen Hittner, CEO & President
Miriam Hospital
164 Summit Avenue
Providence, RI 02906

CCN: 41-0012

Dear Dr. Hittner:

This letter and the attached CMS Form 2567 replace the previously issued October 1, 2008, notice regarding the findings from the September 25, 2008, substantial allegation survey.

Section 1865 of the Social Security Act (the Act) and implementing regulations (42 CFR 405.1901(d)), provide that a hospital accredited by the Joint Commission be "deemed" to meet all Medicare Conditions of Participation with the exception of utilization review. Section 1864 of the Act requires the Secretary of Health and Human Services to conduct a survey on an accredited hospital participating in the Medicare program if there is a substantial allegation of serious deficiency or deficiencies which would, if found to be present, adversely affect the health and safety of patients. If, in the course of the survey, a hospital is found to have significant deficiencies with respect to compliance with the Conditions of Participation, we are required, following timely notification to the accrediting body, to keep the hospital under Medicare State Survey Agency jurisdiction until the hospital is in compliance with all the Conditions of Participation.

We have received a report of deficiencies found by the Rhode Island Department of Health, Division of Facilities Regulation (State Survey Agency) during the recent substantial allegation survey of your hospital. Based on this report, we find that Miriam Hospital is not in compliance with the Conditions of Participation for hospitals. Enclosed, you will find a complete listing of the deficiencies identified. These deficiencies have been determined to be of such a serious nature as to substantially limit your hospital's capacity to render adequate care and prevent it from being in compliance with all the Conditions of Participation for hospitals.

At the time of the September 25, 2008, substantial allegation survey, it was determined that the Medicare Condition of Participation found at 42 CFR 482.51 Surgical services was not met.

Effective October 1, 2008, survey jurisdiction was transferred to the Rhode Island Department of Health, Division of Facilities Regulation (State Survey Agency).

In accordance with section 1865(b) of the Act, the State Survey Agency will shortly conduct a complete Medicare survey of your facility to assess compliance with the other Medicare Conditions of Participation, which were not surveyed during the recent survey. They will also furnish you with a complete listing of any deficiencies noted during the full survey.

After the completion of the Medicare full survey, Miriam Hospital will be asked to submit to the State Survey Agency a plan with acceptable completion dates for correction of all its cited deficiencies.

Enclosed you will find the form CMS-2567, Statement of Deficiencies, documenting both the Condition-level and Standard-level deficiencies found during the September 25, 2008, substantial allegation survey. Please submit a copy of your "Plan of Correction" to this office and to the State Survey Agency by the close of business October 20, 2008.

All deficiencies cited on the CMS-2567 require a Plan of Correction (PoC). You are required to respond within 10 days of receipt of this notice. Please indicate your corrective actions on the right side of the form CMS-2567 in the column labeled "Provider Plan of Correction", keying your responses to the deficiencies on the left. Additionally, indicate your anticipated completion dates in the column labeled "Completion Date."

An acceptable plan of correction must contain the following elements:

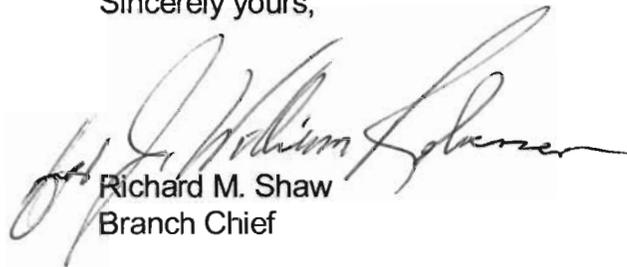
1. The plan for correcting each specific deficiency cited;
2. Efforts to address improving the processes that led to the deficiency cited;
3. The procedure for implementing the acceptable plan of correction for each deficiency cited;
4. A completion date for correction of each deficiency cited;
5. A description demonstrating how the hospital has incorporated systemic improvement actions into its Quality Assessment and Performance Improvement (QAPI) program in order to prevent the likelihood of the deficient practice from reoccurring;
6. Procedures for monitoring and tracking to ensure that the plan of correction is effective and that specific deficiencies cited remain corrected and/or in compliance with the regulatory requirements; and
7. The title of the person responsible for implementing the acceptable plan of correction.

The requirement that Miriam Hospital must submit a plan to correct its Medicare deficiencies does not affect its accreditation, its Medicare payments, or its current status as a participating provider of hospital services in the Medicare program. When Miriam Hospital's plan of correction has been implemented and it has been found to meet all the Medicare Conditions of Participation for hospitals, the State Survey Agency will discontinue its survey jurisdiction.

Under CMS regulations 42 CFR 405.1505(n), this notice of findings is an administrative action, not an initial determination by the Secretary, and therefore formal reconsideration and hearing procedures do not apply. However, if you believe that these findings are incorrect, you have fifteen days from the date of this notice to request an informal review of the findings by this office as provided by 42 CFR 405.1901(e)(6). Include in the request any evidence and arguments which you may wish to bring to the attention of the Centers for Medicare & Medicaid Services (CMS).

Copies of the letter are being forwarded to the State Survey Agency and The Joint Commission. The Division of Health Facilities Regulation will contact you shortly to complete its Medicare survey. You may pursue your concern with the Joint Commission at any time, if you so prefer.

Sincerely yours,



Richard M. Shaw
Branch Chief

Enclosure:
CMS 2567
cc:
CMS
JC
RI S/A