



Medicare and Medicaid Notice to the Public

Notice is hereby given that on December 2, 2022 the agreement between the Secretary of Health and Human Services and El Paso Health Care Center, El Paso, IL as a skilled nursing facility in the Medicare program will be terminated. In addition, notice is given that the facility's agreement as a nursing facility in the Medicaid program will be terminated effective December 2, 2022.

The Centers for Medicare & Medicaid Services has determined that El Paso Health Care Center has failed to attain substantial compliance with the following Medicare and Medicaid participation requirements:

- 42 C.F.R. § 483.10 Resident Rights
- 42 C.F.R. § 483.12 Freedom from Abuse, Neglect, and Exploitation
- 42 C.F.R. § 483.25 Quality of Care
- 42 C.F.R. § 483.35 Nursing Services
- 42 C.F.R. § 483.45 Pharmacy Services
- 42 C.F.R. § 483.50 Laboratory, Radiology, and Other Diagnostic Services
- 42 C.F.R. § 483.60 Food and Nutrition Services
- 42 C.F.R. § 483.70 Administration
- 42 C.F.R. § 483.75 Quality Assurance and Performance Improvement
- 42 C.F.R. § 483.80 Infection Control
- 42 C.F.R. § 483.90 Physical Environment

The Medicare program will not make payment for skilled nursing facility services furnished to residents admitted to the facility on or after July 30, 2022. This date is due to a previously imposed denial of payment for new admissions. For residents admitted prior to July 30, 2022, payment may continue to be made for up to 30 days of services on or after December 2, 2022, the date of termination.

In addition, Federal Financial Participation will not be available to the State for any Medicaid residents admitted to the facility on or after July 30, 2022. For Medicaid residents admitted prior to July 30, 2022, Federal Financial Participation may continue to be made to the State for up to 30 days of covered services to qualified residents furnished on or after December 2, 2022, the date of termination.

This action is mandated by §§ 1819(h)(2)(C) and 1919(h)(3)(D) of the Social Security Act and Federal regulations at 42 C.F.R. §§ 488.412 and 488.456. If the provider demonstrates substantial compliance with all CMS requirements, and a revisit survey confirms substantial compliance prior to December 2, 2022, the provider will remain active in the Medicare and Medicaid programs and CMS will not terminate the provider agreement.