

EXHIBIT 199
(Rev. 117, Issued: 06-06-14)

MODEL LETTER ANNOUNCING TO *DEEMED STATUS*
***PROVIDER/SUPPLIER* AFTER A SUBSTANTIAL ALLEGATION SURVEY**
THAT *IT WILL UNDERGO A FULL SURVEY*

Do Not Use:

- When *an* immediate *jeopardy* exists *and was not removed before the survey team exited the facility* (See Exhibit 195); or
- *In the case of a substantial allegation survey finding substantial noncompliance, when the RO does **not** require a subsequent full survey before proceeding with enforcement action* (See Exhibit 196)

(Date)

Name/Title of Provider/Supplier Administrator, CEO, or Responsible Individual

Provider/Supplier Name

Address

City, State, ZIP Code

Re: CMS Certification Number (CCN)

Dear **(Administrator)**

Section 1865 of the Social Security Act (the Act) and *Centers for Medicare & Medicaid Services (CMS)* regulations provide that a *provider or supplier* accredited by a *CMS-approved Medicare accreditation program of (name of accrediting organization)* will be “deemed” to meet all Medicare **(Conditions of Participation (CoPs) or for Coverage or for Certification (CfCs), as applicable)** for **(type of provider/supplier)**. In accordance with Section 1864 of the Act a State Survey Agency may conduct, at CMS’s direction and in response to a substantial allegation of noncompliance, surveys of deemed status providers/suppliers. CMS uses such surveys as a means of validating the accrediting organization’s survey and accreditation process.

A validation survey conducted by the **(State agency)** at **(name of facility)** on **(date)** found that the facility was not in *substantial* compliance with *the following* **(CoPs or CfCs)** for **(type of facility)**.

(List CoPs or CfCs with condition-level deficiencies)

As a result, effective (date) your facility’s deemed status is being removed and survey jurisdiction has been transferred to the (State agency SA).

A listing of all deficiencies found is enclosed (Form CMS-2567, Statement of Deficiencies and Plan of Correction). *You are not required to submit a plan of correction (PoC) for these deficiencies, but you may do so voluntarily. The PoC will **not** be reviewed to determine if it is acceptable. Copies of the Form CMS-2567, including copies containing a facility's PoC, are releasable to the public in accordance with the provisions of Section 1864(a) of the Act and 42 CFR 401.133(a). As such, if you choose to submit a PoC, it should not contain personal identifiers, such as patient names, and you may wish to avoid the use of staff names.*

The **(State agency)** will conduct an *unannounced* full survey of your *facility* to assess compliance with all the *applicable Medicare conditions*. *If that survey indicates your facility is in substantial compliance with all of the applicable conditions, CMS will restore your deemed status and notify you in writing of this. If that survey indicates your facility is not in substantial compliance with one or more of the applicable conditions, then CMS will initiate action to terminate your Medicare agreement and will notify you in writing of this, including your opportunity to make timely correction of deficiencies identified.*

In accordance with 42 CFR §498.3(d), this notice of findings is an administrative action, not an initial determination, and therefore formal reconsideration and hearing procedures do not apply.

Sincerely yours,

Regional Office DSC

Enclosure:
CMS Form-2567 Statement of Deficiencies

cc: *State Survey Agency*
Accrediting Organization