Exhibit 287
(Rev. 117, Issued: 06-06-14)

AUTHORIZATION BY DEEMED PROVIDER/SUPPLIER SELECTED FOR VALIDATION SURVEY

(date)
To Whom it May Concern:

Certain types of providers and suppliers may be deemed in compliance with the appropriate Medicare Conditions of Participation or Conditions for Coverage *or Conditions for Certification* program by submitting evidence of accreditation *from a Centers for Medicare & Medicaid Services (*CMS*)-approved Medicare* accreditation *program*. CMS may subsequently*, in accordance with Section 1864 of the Act, conduct, either on a selective sampling basis or 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.*

In signing this form, I acknowledge that I have been advised that **(name of provider/supplier**) has been selected for a validation survey. Furthermore, I acknowledge that, in accordance with the provisions of 42 CFR *§*488.7(b), I must authorize:

1) The validation survey by the State Survey Agency to take place; and
2) The State Survey Agency to monitor the correction of *substantial noncompliance* found through the validation survey.

_____
Signature of Authorizing Individual

_____
Printed/Typed Name of Authorizing Individual

_____
Name of Provider/Supplier

_____
Date