



Medicare and Medicaid Notice to the Public

Notice is hereby given that on May 22, 2023, the Centers for Medicare & Medicaid Services (CMS) will terminate the agreement between the Secretary of Health and Human Services and Solivita of Stratford, Glenwillow, OH, as a skilled nursing facility in the Medicare program. In addition, as authorized by the Ohio Department of Medicaid, notice is given that the provider's agreement as a nursing facility in the Medicaid program will be terminated effective May 22, 2023.

CMS has determined that Solivita of Stratford has failed to attain substantial compliance with the following Medicare and Medicaid participation requirements:

- 42 C.F.R. § -- 483.24(a)(2) -- ADL Care Provided for Dependent Residents
- 42 C.F.R. § -- 483.12(a)(1) -- Free from Abuse and Neglect
- 42 C.F.R. § -- 483.25(d)(1)(2) -- Free of Accident Hazards/Supervision/Devices
- 42 C.F.R. § -- 483.20(f)(5), 483.70(i)(1)-(5) -- Resident Records - Identifiable Information
- 42 C.F.R. § -- 483.80(a)(1)(2)(4)(e)(f) -- Infection Prevention & Control
- 42 C.F.R. § -- 483.10(e)(3) -- Reasonable Accommodations Needs/Preferences
- 42 C.F.R. § -- 483.10(f)(10)(i)(ii) -- Protection/Management of Personal Funds
- 42 C.F.R. § -- 483.10(f)(10)(iv)(v) -- Notice and Conveyance of Personal Funds
- 42 C.F.R. § -- 483.10(c)(6)(8)(g)(12)(i)-(v) -- Request/Refuse/Discontinue Treatment; Formally Adv Dir
- 42 C.F.R. § -- 483.10(g)(14)(i)-(iv)(15) -- Notify of Changes (Injury/Decline/Room, etc.)
- 42 C.F.R. § -- 483.12(a)(1) -- Free from Abuse and Neglect
- 42 C.F.R. § -- 483.12(b)(1)-(5)(ii)(iii) -- Develop/Implement Abuse/Neglect Policies
- 42 C.F.R. § -- 483.12(b)(5)(i)(A)(B)(c)(1)(4) -- Reporting of Alleged Violations
- 42 C.F.R. § -- 483.15(c)(1)(i)(ii)(2)(i)-(iii) -- Transfer and Discharge Requirements
- 42 C.F.R. § -- 483.20(b)(2)(ii) -- Comprehensive Assessment After Significant Change
- 42 C.F.R. § -- 483.21(b)(2)(i)-(iii) -- Care Plan Timing and Revision
- 42 C.F.R. § -- 483.24(a)(2) -- ADL Care Provided for Dependent Residents
- 42 C.F.R. § -- 483.24(a)(3) -- Cardio-Pulmonary Resuscitation (CPR)
- 42 C.F.R. § -- 483.25 -- Quality of Care
- 42 C.F.R. § -- 483.25(b)(1)(i)(ii) -- Treatment/Services to Prevent/Heal Pressure Ulcer
- 42 C.F.R. § -- 483.25(c)(1)-(3) -- Increase/Prevent Decrease in ROM/Mobility
- 42 C.F.R. § -- 483.25(d)(1)(2) -- Free of Accident Hazards/Supervision/Devices
- 42 C.F.R. § -- 483.25(i) -- Respiratory/Tracheostomy Care and Suctioning
- 42 C.F.R. § -- 483.25(k) -- Pain Management
- 42 C.F.R. § -- 483.25(l) -- Dialysis
- 42 C.F.R. § -- 483.45(c)(1)(2)(4)(5) -- Drug Regimen Review, Report Irregular, Act On
- 42 C.F.R. § -- 483.45(f)(2) -- Residents Are Free of Significant Medication Errors
- 42 C.F.R. § -- 483.45(g)(h)(1)(2) -- Label/store Drugs and Biologicals
- 42 C.F.R. § -- 483.60(c)(1)-(7) -- Menus Meet Resident Needs/prep In Advance/food followed
- 42 C.F.R. § -- 483.60(d)(1)(2) -- Nutritive Value/Appeal, Palatable/Prefer Temp
- 42 C.F.R. § -- 483.60(d)(4)(5) -- Resident Allergies, Preferences, Substitutes
- 42 C.F.R. § -- 483.60(i)(1)(2) -- Food Procurement, Store/prepare/Serve-Sanitary

42 C.F.R. § -- 483.20(f)(5), 483.70(i)(1)-(5) -- Resident Records - Identifiable Information
42 C.F.R. § -- 483.80(a)(1)(2)(4)(e)(f) -- Infection Prevention & Control
42 C.F.R. § -- 483.80(b)(1)-(4) -- Infection Preventionist Qualifications/Role
42 C.F.R. § -- 483.80(d)(1)(2) -- Influenza and Pneumococcal Immunizations
42 C.F.R. § -- 483.90(i) -- Safe/Functional/Sanitary/Comfortable Environ
42 C.F.R. § -- 483.12(c)(2)-(4) -- Investigate/Prevent/Correct Alleged Violation
42 C.F.R. § -- 483.20(g) -- Accuracy of Assessments
42 C.F.R. § -- 483.45(c)(3)(e)(1)-(5) -- Free from Unnec Psychotropic Meds/PRN Use
42 C.F.R. § -- 483.45(a)(b)(1)-(3) -- Pharmacy Srvcs/Procedures/Pharmacist/Records
42 C.F.R. § -- 483.70 -- Administration
NFPA 101 – Life Safety Code Requirements

The Medicare program will not make payment for skilled nursing facility services furnished to residents admitted to the facility on or after December 21, 2022. This date is due to a previously imposed denial of payment for new admissions. For residents admitted prior to December 21, 2022, payment may continue to be made for up to 30 days of services after May 22, 2023, 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 December 21, 2022. For Medicaid residents admitted prior to December 21, 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 May 22, 2023, the date of termination.

This action is mandated by Section 1819(h)(2)(C) and 1919(h)(3)(D) of the Social Security Act and Federal regulations at 42 CFR §§ 488.412 and 488.456. If the provider demonstrates substantial compliance with all CMS requirements, and a revisit survey confirms substantial compliance, prior to May 22, 2023, the provider will remain active in the Medicare Program and CMS will not terminate their provider agreement.