

EXHIBIT 142

(Rev. 118, Issued: 06-12-14, Effective: 01-01-12, Implementation: 01-01-12)

MODEL LETTER TO PROVIDER (IMPOSITION OF REMEDIES) (IMMEDIATE JEOPARDY DOES NOT EXIST)

(NOTE: The language provided below should be changed appropriately for surveys conducted by CMS.)

IMPORTANT NOTICE - PLEASE READ CAREFULLY

(Date)

Nursing Home Administrator Name

Facility Name

Address

City, State, ZIP Code

Dear (Nursing Home Administrator):

On (date), a survey was conducted at your facility by the (State survey agency) to determine if your facility was in compliance with the Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found that your facility was not in substantial compliance with the participation requirements.

As a result of the survey findings listed on the Statement of Deficiencies and Plan of Correction (Form CMS-2567) which was forwarded to you after the survey, the (State survey agency) notified you that it would recommend to the Centers for Medicare & Medicaid Services (CMS) and/or the State Medicaid agency that the following remedies be imposed if you did not submit an acceptable plan of correction by (survey date plus 10 days) or did not achieve substantial compliance by (date certain).

(List remedies.)

USE THESE 2 PARAGRAPHS IF CREDIBLE ALLEGATION OF COMPLIANCE WAS RECEIVED:

On (date(s)), you submitted a plan of correction and credible allegation of compliance to the (State survey agency), and based on the presumption of substantial compliance, the (State survey agency) suspended its recommendations for enforcement action. However, on (date), a revisit was made to verify correction, and found that you were not in substantial compliance.

Because you did not correct deficiencies as alleged, the following remedies, which were to have been recommended on (date certain), will be imposed (15 days after presumed receipt of this notice), and a civil money penalty will be imposed retroactive to (date of the survey).

(List remedies.)

In accordance with 42 CFR§488.431, when a civil money penalty subject to being collected and placed in an escrow account is imposed, you have an opportunity to dispute the cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of Substandard Quality of Care (SQC) or immediate jeopardy. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been found to constitute SQC or immediate jeopardy) to (name, title, address and telephone number and fax number of the person who will be conducting the Independent IDR process). This request must be sent during the same 10 calendar days you have for submitting a PoC for the cited deficiencies. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

(Name)

USE **THESE 2 PARAGRAPHS** IF NO CREDIBLE ALLEGATION OF COMPLIANCE WAS RECEIVED:

As a result of your failure to come into compliance as evidenced by your failure to submit an acceptable plan of correction by **(survey date plus 10 days)** either containing a credible allegation of compliance or in addition to a separate allegation of compliance, the following remedies previously recommended by the **(State survey agency)** will be imposed **(15 days after presumed receipt of this notice)**.

(List remedies.)

*In accordance with 42 CFR §488.431, when a civil money penalty subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been found to constitute SQC or immediate jeopardy) to **(name, title, address and telephone number and fax number of the person who will be conducting the Independent IDR process)**. This request must be sent during the same 10 calendar days you have for submitting a PoC for the cited deficiencies. An incomplete Independent IDR process will not delay the effective date of any enforcement action.*

USE THIS PARAGRAPH IF UPON REVISIT IMMEDIATE JEOPARDY WAS FOUND:

The **(State survey agency)** conducted a revisit on **(date)**, and found that conditions in your facility had deteriorated to the point that immediate jeopardy to residents now exists. As a result of the change in the seriousness of your noncompliance, the remedy category from which an enforcement response must be selected has changed. The remedies to which you will now be subject are as follows: **(list remedies and their effective dates** - refer to language in Exhibit 143, "Imposition of Remedies, Immediate Jeopardy Exists.")

If you disagree with this determination, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board. Procedures governing this process are set out in 42 CFR 498.40, et seq. A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter. Such a request may be made to:

Centers for Medicare and Medicaid Services
Associate Regional Administrator
Division of Health Standards and Quality
(Street Address)

At your option you may instead submit a hearing request directly (accompanied by a copy of this letter) to:

Departmental Appeals Board
Civil Remedies Division
Attention: Gerald P. Choppin
Room 637-D
HHH Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

(Date)

Send a copy of your request to this office.

A request for a hearing should identify the specific issues, and the findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. You may be represented by counsel at a hearing at your own expense.

If you have any questions, please contact **(name, title, address, fax number, and telephone number of regional office contact)**.

Sincerely yours,
(Name and Title)

Enclosure

cc: State Survey Agency
and/or State Medicaid Agency