

**EXHIBIT 141**

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

**MODEL LETTER NOTIFYING PROVIDER OF RESULTS OF REVISIT**

(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

Dear (Nursing Home Administrator):

On (date) we conducted a revisit to verify that your facility had achieved and maintained compliance. We had presumed, based on your allegation of compliance, that your facility was in substantial compliance as of (date certain or earlier date). However, based on our revisit conducted (date), we found that your facility is not in substantial compliance with the following participation requirement(s):

**LIST PARTICIPATION REQUIREMENTS THAT ARE DEFICIENT**

As a result of our finding that your facility is not in substantial compliance, we will recommend that the following remedy(ies) be imposed:

**USE IF THERE HAS BEEN NO CHANGE IN THE SERIOUSNESS OF THE NONCOMPLIANCE:**

Remedy(ies) recommended in the initial letter.

**USE IF THERE HAS BEEN A CHANGE IN THE SERIOUSNESS OF THE NONCOMPLIANCE RESULTING IN A CHANGE IN THE REMEDY(IES) TO BE RECOMMENDED:**

(Any other remedy(ies), other than those recommended in the initial letter.) The change in the seriousness of the noncompliance on (the revisit) has resulted in a change in the remedy(ies) we will recommend from those previously mentioned to you in the initial letter.

If the (Regional Office or State Medicaid Agency) decides to impose the recommended remedy(ies), that office will send you a notice of the imposition of the remedy(ies).

(Name)

Page 2

(Date)

### **Informal Dispute Resolution (IDR)**

In accordance with **42 CFR §488.331**, you have one opportunity to question cited deficiencies through an IDR process. As a result of the revisit, you may also contest the continuation of cited deficiencies, new deficiencies, and the scope and severity assessment for deficiencies which result in a finding of substandard quality of care or immediate jeopardy. A second IDR will not be offered on the existence of the deficiency(ies) as of the date of the first survey. To be given an opportunity for IDR, 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 substandard quality of care or immediate jeopardy) to **(name, title, address, and telephone number and fax number of the person who will be conducting the 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 IDR process will not delay the effective date of any enforcement action.

### ***Independent Informal Dispute Resolution (Independent IDR)***

*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 question 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.*

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: CMS Regional Office  
and/or State Medicaid Agency