

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Center for Clinical Standards and Quality  
Survey & Operations Group  
Division of San Francisco/Seattle Survey & Enforcement



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Sent via E-MAIL to: [ARhospicecare@gmail.com](mailto:ARhospicecare@gmail.com)

**IMPORTANT NOTICE -PLEASE READ CAREFULLY**

May 1, 2026

Hegina Taylor, CEO/Administrator/DON/CNO/COO/Director of Quality  
AR Hospice Care, Inc.  
14547 Titus Street, Suite #214  
Panorama City, CA 91402

**RE: Final Notice of Termination Participation in the Medicare Program**  
**Involuntary Termination Date: May 15, 2026**  
**CMS Certification Number (CCN: B21600/NPIL 1720496110/ Survey Event ID: 1FAE24-H1**

Dear CEO/Administrator:

This is to notify you that the participation of **AR Hospice Care, Inc.**, as a hospice in the Medicare program, under Title XVIII of the Social Security Act (Act) (42 U.S.C. § 1395 et seq.), will be terminated effective **May 16, 2026**.

On March 20, 2026, the California Department of Public Health (CDPH) conducted a complaint validation survey at **AR Hospice Care, Inc.** After a review of all survey findings, the Centers for Medicare & Medicaid Services (CMS) has determined that **AR Hospice Care, Inc.** continues to not meet the requirements for participation in the Medicare program.

The following two (2) Medicare Conditions of Participations (CoPs) remain out of compliance:

42 C.F.R. § 418.54	Initial & Comprehensive Assessment of the Patient
42 C.F.R. § 418.54(a)	Content of Comprehensive Assessment

CMS has determined that **AR Hospice Care, Inc.** and the deficiencies documented by the March 20, 2026 survey, either individually or in combination substantially limit the hospice's capacity to render adequate care or adversely affect patient health and safety, thus establishing a basis under 42 C.F.R. § 488.24(b) for concluding that the above-referenced Conditions of Participation are not met.

The date on which your hospice will be terminated from participating in the Medicare program is **May 16, 2026**. A hospice program is required to appropriately and safely transfer its patients to another local

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Seattle Location  
701 Fifth Avenue, Suite 1600, MS 400  
Seattle, WA 98104

San Francisco Location  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103

hospice within 30 days of termination (42 C.F.R. §1225(c) or § 488.1230(e)). The hospice is responsible for providing information, assistance, and any arrangements necessary for the safe and orderly transfer of its patients. The State Agency is required to provide oversight for all hospices that are terminated to ensure the safe discharge and orderly transfer of all patients to another Medicare-approved hospice. Payment to terminated hospices for services for current patients (patients admitted before **April 9, 2026**) may be provided up to 30 days after **May 16, 2026**, termination pursuant to 42 C.F.R. § 488.1265(e).

CMS will provide notice to the public of the date and effect of termination. 42 C.F.R. § 488.1265(c). CMS post the notice of termination, and it will remain on the following website for six months.

<https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/termination-notices>.

We have also notified the appropriate State Medicaid officials concerning termination of your provider agreement under Title XIX of the Act (42 U.S.C. § 1396 et seq.).

Section 1866(c)(1) of the Act (42 U.S.C. § 1395cc) and 42 C.F.R. § 489.57 require that when a provider agreement is terminated by CMS, a new agreement will not be accepted until it has been determined that the reason for termination of the agreement has been removed, and there is reasonable assurance that it will not recur. In addition to other requirements specified in the Act, regulations, and clarified in the State Operations Manual, **AR Hospice Care, Inc.**, would be required to undergo two separate certification surveys (this period will be a minimum of 90 days between the surveys), both of which demonstrate the cause for termination does not exist and that your hospice is in compliance with the Conditions of Participation. In addition, **AR Hospice Care, Inc.** must fulfill or make satisfactory arrangements to fulfill all statutory and regulatory responsibilities of **AR Hospice Care, Inc.**'s prior agreement.

Please note that if you have requested Informal Dispute Resolution (IDR), an incomplete IDR process will not delay the effective date of any enforcement remedy imposed on your hospice, including termination. Furthermore, an incomplete IDR process will not delay any deadline listed below under "Appeal Rights" for requesting a hearing or for requesting a waiver of hearing rights.

## **APPEAL RIGHTS**

In our **March 25, 2026**, notice, we advised you of your right to appeal the remedies imposed by CMS as a result of the findings from the **March 20, 2026**, survey, and our determination that your hospice no longer meets the requirements to participate as a hospice in the Medicare program in accordance with 42 C.F.R. § 488.1265. Please refer to that notice for the timeframes to request a hearing.

If you disagree with the determination to impose/continue remedies made on the basis of findings of noncompliance identified at the surveys ending **March 20, 2026**, you or your legal representative may request a hearing before an Administrative Law Judge (ALJ) of the United States Department of Health and Human Services, Departmental Appeals Board (DAB). The appeal rights are set forth at 42 C.F.R. § 498.40, et seq.

**You are required** to file your appeal electronically at the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov>, unless you obtain a waiver from the DAB (see [DAB Civil Remedies Procedures, § 6\(a\)\(i\)\(1\)](#)). To file a new appeal using DAB E-File, you first need to register a new account by: (1) clicking Register on the DAB E-File home page; (2) entering the information requested on the "Register New Account" form; and (3) clicking Register Account at the

bottom of the form. If you have more than one representative, each representative must register separately to use DAB E-File on your behalf.

The e-mail address and password provided during registration must be entered on the login screen at [https://dab/efile.hhs.gov/users/sign\\_in?locale=en](https://dab/efile.hhs.gov/users/sign_in?locale=en) to access DAB E-File. A registered user's access to DAB E-File is restricted to appeals for which the user is a party or authorized representative. Once registered, you may file your appeal by:

- Clicking the File New Appeal link on the Manage Existing Appeals screen, then clicking Civil Remedies Division on the File New Appeal screen and,
- Entering and uploading the requested information and documents on the “File New Appeal – Civil Remedies Division” form.

At minimum, the DAB Civil Remedies Division (CRD) requires a party to file a signed request for hearing containing specific issues with which the hospice disagrees and the basis for your disagreement, and the underlying notice letter from CMS that sets forth the action taken, and the party's appeal rights. All documents must be submitted in a Portable Document Format (“PDF”). Any document, including a request for hearing, will be deemed to have been filed on a given day, if it is uploaded to DAB E-File on or before 11:50p.m. ET of that day. A party that files a request for hearing via DAB E-File will be deemed to have consented to accept electronic service. More detailed instructions on DAB E-File for CRD cases can be found by clicking the CRD E-File Procedures link on the File New Appeal Screen for CRD appeals.

For questions regarding the E-Filing system, please contact E-File System Support at [OSDABImmediateOffice@hhs.gov](mailto:OSDABImmediateOffice@hhs.gov).

Please note that all hearing requests must be filed electronically unless you have no access to the internet or a computer. In those circumstances, you will need to provide an explanation as to why you are unable file electronically and request for a waiver from e-filing with your written request. Such a request should be made to:

U.S. Department of Health & Human Services  
Departmental Appeals Board, MS 6132  
Civil Remedies Division  
330 Independence Avenue, SW  
Cohen Building, Room G-644  
Washington, D.C. 20201

**A request for a hearing must be filed no later than 60 days from the date of receipt of this notice.** In addition, please email a copy of your request to the CMS location contact Attention: Renae Hill, Manager, SF/Seattle Acute & Continuing Care Branch, Division of SF/Seattle Survey & Enforcement at [ROSFOSO@cms.hhs.gov](mailto:ROSFOSO@cms.hhs.gov).

If you have any questions, please contact Renae Hill, Manager, CMS San Francisco & Seattle Acute and Continuing Care Branch by email at [ROSFOSO@cms.hhs.gov](mailto:ROSFOSO@cms.hhs.gov) Attention: Renae Hill.

Sincerely,

Benton Williams  
Division Director  
CMS San Francisco & Seattle  
Survey & Operations Group  
Centers for Clinical Standards and Quality

Enclosures: Form CMS-2567 - Statement of Deficiencies (24 pages)

cc: California Department of Public Health Los Angeles HH/Hospice/CLHF Unit  
Accreditation Commission for Health Care (ACHC)  
National Government Services (NGS)