EXHIBIT 164

RO ADJUDICATION OF SA CERTIFICATION ACTIONS

A. Fundamental Information

1. Has the provider's/supplier's enrollment been verified?

2. Name and address of provider/supplier - reimbursement (provider/vendor) number.

3. Action being taken, e.g., recertification, termination, merger approval.

4. State's findings and supporting rationale.

5. Have all proposed practice locations been approved or disapproved?

6. Have all provider-based issues been addressed?

B. Health and Safety Compliance

1. Time Frames

   (a) Was the survey conducted on time?

   (b) Was the Plan of Correction (PoC) received on time?

   (c) Did the SA process the case on time?

   (d) Was the certification received in the RO within 60 days of the date of the survey?

   (e) Was the Form CMS-2567 disclosed on time?

2. Health and Safety Review

   (a) Does the Form CMS-2567 accurately state the deficiencies cited on the survey report form or data abstract?

   (b) Are the deficiencies clearly and comprehensively stated?

   (c) Are the Forms CMS-2567 reviewed for the above prior to disclosure?

   (d) Do the deficiencies alone or in combination present a hazard to patient health and safety? Should the certification be sent to Performance Review Board (PRB) for review?

(e) Are the cited deficiencies predictable, i.e., are they the same as cited during the last several surveys as evidenced by MMACs? Do surveyors or SAs tend to "specialize" in certain deficiencies? Should this provider or supplier be nominated to PRB for a monitoring survey? (Is the surveyor using the form to upgrade the level of care beyond what is required?

(f) Are there any inconsistencies in the State's findings between the Life Safety Code survey and the health and safety survey?

(g) Do you agree that standards cited as deficient affect (or do not affect) the applicable condition? Should this certification be referred to PRB?

3. Plan of Correction

(a) Has the provider/supplier responded to each cited deficiency? Is the response comprehensive and clearly stated?

(b) Do you agree with the anticipated correction data? Is it reasonable? Could it be donc sooner?

(c) Do you agree with the State in its acceptance or rejection of the plan? What of patient health and safety in the interim? Should PRB be consulted?

(d) Are the deficiencies the same as cited on previous surveys based on MMACS data? Has the provider demonstrated good faith efforts to correct previously cited deficiencies? Is this a marginal provider or supplier? Are consultation efforts by the SA necessary?

4. Waivers

(a) Are the requested waivers justified and documented in terms of patient health and safety and financial hardship on the provider?

(b) Are the deficiencies waiverable?

(c) How does the waiver interface with other health and safety findings? Should PRB be consulted?

(d) Was the waiver received by CMS? If not, should they be consulted?

C. Provider Agreements

1. Time Limited Agreements

   (a) Has the effective date recommended been established in accord with existing regulations and guidelines?

   (b) Do you agree that the type of time limited agreement recommended, should have been? Is it supported by the findings?

   (c) If a cancellation clause is used, is the cancellation data correctly set?

   (d) If a short-term agreement is recommended, is it correct?

2. Change of Ownership

   (a) Has the SA fully documented the change in ownership? Are you convinced that a change of ownership took place?

   (b) If the Provider agreement has been assigned to the new owner, are you satisfied that a survey is not necessary?

   (c) If the new owner does not accept assignment of the former owner's provider agreement, does the owner understand it may be treated as a new applicant?

   (d) Has the SA documented that the provider was informed of the implications of assignment?

      (1) Has the new owner submitted a Form CMS-855, "Federal Health Care Provider/Supplier Enrollment Application," to the Fiscal Intermediary or Carrier as appropriate

      (2) Has the Office for Civil Rights been notified of the need for a title VI investigation?

      (3) Has the SA continued to follow up on the existing PoC, new ownership notwithstanding?

D. Providership/Certification Issues

1. Distinct Part Certification

   (a) Have all the criteria for distinct part certification been adequately met and documented?

(b) Has the distinct part been limited no more than one for Medicare and one for Medicaid?

2. Mergers

(a) Have all the criteria been met and documented?

3. Deferred Certification

Has the SA adequately documented the deferred certification?

E. Overall Assessment of the SA's Performance (Answer the following by checking the appropriate "YES" or "NO" block. If "NO," explain.)

1. The SA conducted the survey on time.

2. The survey and certification were received in the RO on time.

3. The Form CMS-2567 was complete, legible, and acceptable, as approved by the SA.

4. The Form CMS-2567 was disclosed on time.

5. Waivers approved by the SA were properly documented and acceptable to the RO.

6. The SA's recommendations were consistent with its findings.

7. The certification kit contained all essential information.

8. The term of the ICF/MR provider agreement recommended is correct, e.g., short-term, conditional 12-month, unconditional 12-month.

9. A follow-up with the SA was necessary.

10. The SA deficiency adequately documented and resolved all practice location issues.

11. SA deficiency findings show no hazard to patient health and safety.

12. The SA followed procedural guidelines in preparing its certification.

13. If applicable, the denial or termination recommendation was fully developed and documented