



CMS Certification Number (CCN): 525418

December 16, 2020
By Facsimile Only

Evansville Manor Nursing and Rehab, LLC
Attn: Administrator
470 Garfield Ave
Evansville, WI 53536

Dear Administrator:

SUBJECT: DISPOSITION / IMPOSITION OF REMEDIES
Cycle Start Date: June 17, 2020

PRIOR NOTICE

On July 6, 2020, we informed you that we were imposing remedies due to the failure of your facility to be in substantial compliance with the applicable Federal requirements for nursing homes participating in the Medicare and Medicaid programs.

SUBSEQUENT VISITS AND SUMMARY OF ENFORCEMENT REMEDIES

On June 29, 2020, a complaint investigation was completed at Evansville Manor Nursing and Rehab, LLC by the Wisconsin Department of Health Services (WDHS) to determine if your facility was in compliance with the Federal requirements for nursing homes participating in the Medicare and Medicaid programs. This survey revealed that your facility was not in substantial compliance and found the most serious deficiencies to place the health and safety of your residents in immediate jeopardy. These deficiencies were cited as follows, including the level of Scope and Severity (S/S):

- F678 -- S/S: J -- 483.24(a)(3) -- Cardio-Pulmonary Resuscitation (CPR)
- F849 -- S/S: J -- 483.70(o)(1)-(4) -- Hospice Services

In addition, the following cited deficiency constituted Substandard Quality of Care (SQC), and a partial extended survey was performed:

- F678 -- S/S: J -- 483.24(a)(3) -- Cardio-Pulmonary Resuscitation (CPR)

Surveyors found a situation of immediate jeopardy to patient health and safety that was removed on June 18, 2020. However, they also found that your facility continued not to be in substantial compliance with Federal requirements at a severity level 2. The WDHS advised you of the deficiencies noted above and provided you with a copy of the survey report (CMS-2567).

In response to your continued noncompliance, the Centers for Medicare & Medicaid Services (CMS) is imposing the following additional remedy:

- Federal Civil Money Penalty

On July 17, 2020 and August 10, 2020, the WDHS conducted revisits and found your facility to be in substantial compliance with the participation requirements effective August 6, 2020. As a result, the final status of remedies is as follows:

- Directed Plan of Correction, was imposed and completed.
- Discretionary Denial of Payment for New Admissions, which was imposed effective August 21, 2020, did not go into effect.
- Mandatory termination, which was to December 17, 2020, did not go into effect.
- Federal Civil Money Penalty is being imposed, see below.

The authority for the imposition of remedies is contained in subsections 1819(h) and 1919(h) of the Social Security Act ("Act") and Federal regulations at 42 CFR Subpart F, Enforcement of Compliance for Long-Term Care Facilities with Deficiencies.

CIVIL MONEY PENALTY (CMP)

In determining the amount of the CMP that we are imposing we have considered your facility's history, including any repeated deficiencies; its financial condition; and the factors specified in the Federal requirement at 42 CFR § 488.404. This CMP is as follows:

- Federal Civil Money Penalty of \$18,370.00 per instance for the instance of noncompliance on March 12, 2020 described at deficiency F849 (S/S: J)
- Federal Civil Money Penalty of \$18,370.00 per instance for the instance of noncompliance on March 17, 2020 described at deficiency F678 (S/S: J)
- Federal Civil Money Penalty of \$10,000.00 per instance for the instance of noncompliance on June 17, 2020 described at deficiency F880 (S/S: J)

The total CMP amount imposed is \$46,740.00. If you believe that you have documented evidence that should be considered in establishing the amount of the CMP, the following documents should be submitted to this office within fifteen (15) days from the receipt of this notice:

- Written, dated request specifying the reason financial hardship is alleged
- List of the supporting documents submitted
- Current balance sheet
- Current income statements
- Current cash flow statements
- Most recent full year audited financial statements prepared by an independent accounting firm, including footnotes
- Most recent full year audited financial statements of the home office and/or related entities, prepared by an independent accounting firm, including footnotes
- Disclosure of expenses and amounts paid/accrued to the home office and/or related entities
- Schedule showing amounts due to/from related companies or individuals included in the balance sheets. The schedule should list the names of related organizations or persons and indicate where the amounts appear on the balance sheet (e.g., Accounts Receivable, Notes Receivable, etc.)

- If the nursing home requests an extended payment schedule of more than twelve (12) months duration, the provider must submit a letter from a financial institution denying the provider's loan request for the amount of the CMP

CMP REDUCED IF HEARING WAIVED

If you waive your right to a hearing, **in writing**, within 60 calendar days from receipt of this notice, the amount of your CMP will be reduced by thirty-five percent (35%). To receive this reduction, the written waiver should be sent to CMS-Chicago at CMSChicagoLTChearingWaivers@cms.hhs.gov. **Please include your CCN and the Cycle Start Date in the subject line of your email.**

The failure to request a hearing within 60 calendar days from your receipt of this notice, does not constitute a waiver of your right to a hearing for purposes of the 35% reduction.

CMP PAYMENT

The CMP is due and payable fifteen days after one of the following:

- The date on which an Independent IDR process is completed, if applicable or
- The date which is 90 calendar days after the date of the notice of imposition of the CMP.

When due, the CMP is payable by check to CMS at the following address:

Centers for Medicare & Medicaid Services
Division of Premium Billing & Collections
Mail Stop C3-11-03
Post Office Box 7520
Baltimore, MD 21207

If you use a delivery service, such as Federal Express, **use the following address only:**

Centers for Medicare & Medicaid Services
Division of Premium Billing & Collections
Mail Stop C3-11-03
7500 Security Boulevard
Baltimore, MD 21244

Do not send your original CMP payment check to the Chicago Regional Office. **Otherwise, your payment will be considered late and offset may be initiated and/or interest may be charged.**

Please note that, in accordance with the regulations at 42 CFR Section 488.442, CMS will assess interest on any unpaid balance of the penalty beginning on the due date **without any further notification from this office..** The rate of interest is 9.375%.

NURSE AIDE TRAINING PROHIBITION

In our formal notice dated July 6, 2020, we advised you that, in accordance with Section 1819(f)(2)(B)(iii)(I)(b) of the Social Security Act, your facility would be prohibited from conducting a Nurse Aide Training and/or Competency Evaluation Program for two years from

August 21, 2020 if the denial of payment remedy went into effect. However, since your facility was subject to a partial extended survey, this prohibition is applicable to your facility. This prohibition is effective June 29, 2020. You will receive further information regarding this from the WDHS. This prohibition remains in effect for the specified period even though other actions relating to remedies are being taken, as indicated above. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

APPEAL RIGHTS

You were previously advised of your right to appeal the noncompliance that resulted in the finding of SQC, which resulted in the loss of NATCEP approval and the imposition of the following remedy:

- Directed Plan of Correction.

Please refer to that notice and note the deadline for that appeal.

This formal notice imposed the following remedy:

- Federal Civil Money Penalty.

If you disagree with the finding of noncompliance which resulted in this imposition, 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 (DAB). Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.

You are required to file your appeal electronically at the Departmental Appeals Board Electronic Filing System Web site (DAB E-File) at <https://dab.efile.hhs.gov/>. 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/user_sessions/new to access DAB E-File. A registered user's access to DAB E-File is restricted to the appeals for which he 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.
- Entering and uploading the requested information and documents on the "File New Appeal-Civil Remedies Division" form.

At minimum, the Civil Remedies Division (CRD) requires a party to file a signed request for hearing and the underlying notice letter from CMS that sets forth the action taken and the party's appeal rights. A request for a hearing should identify the specific issues and the findings of fact and conclusions of law with which you disagree, including a finding of substandard quality of

care, if applicable. It should also specify the basis for contending that the findings and conclusions are incorrect. The DAB will set the location for the hearing. Counsel may represent you at a hearing at your own expense.

All documents must be submitted in 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 11:59 p.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 of appeal-related documents that CMS files, or CRD issues on behalf of the Administrative Law Judge, via DAB E-File. Correspondingly, CMS will also be deemed to have consented to electronic service. More detailed instructions for using DAB E-File in cases before the DAB's Civil Remedies Division can be found by clicking the button marked **E-Filing Instructions** after logging-in to DAB E-File.

For questions regarding the E-Filing system, please contact E-File System Support at **OSDABImmediateOffice@hhs.gov** or at 202-565-0146.

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 to file electronically and request a waiver from e-filing with your written request. Such a request should be made to:

Department of Health and Human Services
Departmental Appeals Board, MS 6132
Civil Remedies Division
Attention: Director
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.

INFORMAL DISPUTE RESOLUTION (IDR)

The State agency offered you an opportunity for IDR following its survey visits. A request for IDR will not delay the effective date of any enforcement action. However, IDR results will be considered when applicable.

INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR) FOR THE June 29, 2020 SURVEY

In accordance with § 488.431, when a CMP 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:

MAXIMUS Federal Services
3750 Monroe Avenue, Suite 705
Pittsford, NY 14534
Attention: State Appeals/IDR Review

You may also submit the information electronically through MAXIMUS Federal's Secure File Exchange. Instructions may be requested by sending an email to: StateAppealsEast@maximus.com

This request must be sent within 10 calendar days of receipt of this offer. However, a facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the civil money penalty. An incomplete independent IDR process will not delay the effective date of any enforcement action.

CONTACT INFORMATION

If you have any questions regarding this matter, please contact me, at (312) 353-1502. Information may also be faxed to (443) 380-6614.

Sincerely,

A handwritten signature in blue ink, appearing to read "Beth A. Karpiak".

Beth A. Karpiak
Long Term Care Branch Manager
CMS-Chicago, Survey & Operations Group

cc: Wisconsin Department of Health Services
Wisconsin Division of Medicaid Services
Wisconsin LTC Ombudsman
MetaStar
Maximus
U.S. Department of Justice, Western District of Wisconsin