

RAJ

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL
PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

ID: O1FU11

Facility ID: 923114

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 345183		3. NAME AND ADDRESS OF FACILITY (L3) UNIVERSAL HEALTH CARE & REHAB (L4) 430 BROOKWOOD AVE NE (L5) CONCORD, NC (L6) 28025			4. TYPE OF ACTION: <u>6</u> (L8) 1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint 7. On-Site Visit 8. Other 8. Full Survey After Complaint	
2. STATE VENDOR OR MEDICAID NO. (L2) 3415183		7. PROVIDER/SUPPLIER CATEGORY <u>02</u> (L7) 01 Hospital 05 IHHA 09 ESRD 13 PTIP 22 CLIA 02 SNF/NF/Dual 06 PRTE 10 NF 14 CORF 03 SNF/NF/Distinct 07 X-Ray 11 ICF/IID 15 ASC 04 SNF 08 OPT/SP 12 RHC 16 HOSPICE			FISCAL YEAR ENDING DATE: (L35)	
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9)		10. THE FACILITY IS CERTIFIED AS: X A. In Compliance With Program Requirements Compliance Based On: ___ 1. Acceptable POC ___ 2. Technical Personnel ___ 3. 24 Hour RN ___ 4. 7-Day RN (Rural SNF) ___ 5. Life Safety Code B. Not in Compliance with Program Requirements and/or Applied Waivers: * Code: A* (L12)			And/Or Approved Waivers Of The Following Requirements: ___ 6. Scope of Services Limit ___ 7. Medical Director ___ 8. Patient Room Size ___ 9. Beds/Room	
6. DATE OF SURVEY <u>3/28/13</u> (L34)		11. LTC PERIOD OF CERTIFICATION From (a): To (b):		15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): YES (L15)		
8. ACCREDITATION STATUS: ___ (L10) 0 Unaccredited 1 TJC 2 AOA 3 Other		12. Total Facility Beds 120 (L18)		13. Total Certified Beds 120 (L17)		
14. LTC CERTIFIED BED BREAKDOWN						
18 SNF (L37)	18/19 SNF (L38)	19 SNF 120 (L39)	ICF (L42)	ID (L43)		

16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):

To transmit a CI of 3/28/13. Event ID# O1FU11. Intake # NC87960

17. SURVEYOR SIGNATURE <i>Ibhisam Zatori for Kathy Brazil</i> (L19) Date: <u>7/13/13</u>	18. STATE SURVEY AGENCY APPROVAL <i>Ibhisam Zatori</i> (L20) Date:
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PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY <input checked="" type="checkbox"/> 1. Facility is Eligible to Participate <input type="checkbox"/> 2. Facility is not Eligible (L21)		20. COMPLIANCE WITH CIVIL RIGHTS ACT:		21. 1. Statement of Financial Solvency (HCFA-2572) 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513) 3. Both of the Above: ___	
22. ORIGINAL DATE OF PARTICIPATION (L24)	23. LTC AGREEMENT BEGINNING DATE (L41)	24. LTC AGREEMENT ENDING DATE (L25)	26. TERMINATION ACTION: (L30) <u>VOLUNTARY</u> <u>00</u> <u>INVOLUNTARY</u> 01-Merger, Closure 05-Fail to Meet Health/Safety 02-Dissatisfaction W/ Reimbursement 06-Fail to Meet Agreement 03-Risk of Involuntary Termination <u>OTHER</u> 04-Other Reason for Withdrawal 07-Provider Status Change 00-Active		
25. LTC EXTENSION DATE: (L27)	27. ALTERNATIVE SANCTIONS A. Suspension of Admissions: (L44) B. Rescind Suspension Date: (L45)		30. REMARKS		
28. TERMINATION DATE:	29. INTERMEDIARY/CARRIER NO. 00000 (L28) (L31)		31. RO RECEIPT OF CMS-1539 (L32)		
32. DETERMINATION OF APPROVAL DATE (L33)		DETERMINATION APPROVAL			

Part I - To Be Completed by Component First Receiving Complaint (SA or RO)

1. Medicare/Medicaid Identification Number 3 4 5 1 8 3	Facility Name and Address UNIVERSAL HEALTH CARE & REHAB 430 BROOKWOOD AVE NE CONCORD, NC 28025	3. Date Complaint Received 0 3 2 6 1 3 M M D D Y Y																																				
4. Receiving Component 1 State Survey Agy. 2 RO 1	5. Date Acknowledged 0 3 2 8 1 3 M M D D Y Y	6A. Source of Complaint 1 <input checked="" type="checkbox"/> 1 Resident/Patient Family 2 <input type="checkbox"/> 2 Ombudsman 3 <input type="checkbox"/> 3 Facility Employee/Ex-Employ 4 <input type="checkbox"/> 4 Anonymous 5 <input type="checkbox"/> 5 Other	6B. Total Number of Complainants 0 1																																			
7. Allegations <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; vertical-align: top;">1</td> <td style="width:5%; border: 1px solid black; text-align: center;">0</td> <td style="width:5%; border: 1px solid black; text-align: center;">6</td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td>2</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td>10 Proficiency Test</td> <td>11 Falsification of Records / Reports</td> <td>12 Unqualified Personnel</td> <td>13 Quality Control</td> </tr> <tr> <td>3</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td>14 Specimen Handling</td> <td>15 Diagnostic</td> <td>16 Fraud/False Billing</td> <td>17 Fatality/Transfusion Fatality</td> </tr> <tr> <td>4</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td>18 Other (Specify) _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		1	0	6					2			10 Proficiency Test	11 Falsification of Records / Reports	12 Unqualified Personnel	13 Quality Control	3			14 Specimen Handling	15 Diagnostic	16 Fraud/False Billing	17 Fatality/Transfusion Fatality	4			18 Other (Specify) _____				5							7.B. Findings (To be completed following investigation) 1 <input checked="" type="checkbox"/> 0 2 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	7.C. Number of Complainants per Allegation 1 <input checked="" type="checkbox"/> 0 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
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8. Action (if multiple actions, indicate earliest action) 1 Investigate within 2 working days 2 Investigate within 10 working days 3 Investigate within 45 working days 4 Investigate during next onsite 5 Referral (Specify) _____ 6 Other Action (Specify) _____ 7 None																																						

Part II - To Be Completed By Component Investigating Complaint(SA or RO)

9. Investigated by 1 State Survey Agency 2 RO 3 Other (Specify) _____ 1	10. Complaint Survey Date 0 3 2 8 1 3 M M D D Y Y	11. Findings (Under 7B Above)																																																															
12. Proposed Actions Taken by SA or RO <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; vertical-align: top;">1</td> <td style="width:5%; border: 1px solid black; text-align: center;">2</td> <td style="width:5%; border: 1px solid black; text-align: center;">1</td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td>2</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td>1 Recommend Termination (23-day)</td> <td>9 Provisional License</td> <td>17 TA & Training for Unsuccessful PT</td> <td></td> </tr> <tr> <td>3</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td>2 Recommend Termination (90-day)</td> <td>10 Special Monitor</td> <td>18 State Onsite Monitoring</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>3 Recommend Intermediate Sanction</td> <td>11 Directed POC</td> <td>19 Suspension of Part of Medicare Payments</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>4 POC (No Sanction)</td> <td>12 Limitation of Certificate</td> <td>20 Suspension of All Medicare Payments</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>5 Fine</td> <td>13 Suspension of Certificate</td> <td>21 None</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>6 Denial of Payment for New Admissions</td> <td>14 Revocation of Certificate</td> <td>22 Other (Specify) _____</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>7 License Revocation</td> <td>15 Injunction</td> <td>23 Enforcement Action</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>8 Receivership</td> <td>16 Civil Monetary Penalty</td> <td></td> <td></td> </tr> </table>			1	2	1					2			1 Recommend Termination (23-day)	9 Provisional License	17 TA & Training for Unsuccessful PT		3			2 Recommend Termination (90-day)	10 Special Monitor	18 State Onsite Monitoring					3 Recommend Intermediate Sanction	11 Directed POC	19 Suspension of Part of Medicare Payments					4 POC (No Sanction)	12 Limitation of Certificate	20 Suspension of All Medicare Payments					5 Fine	13 Suspension of Certificate	21 None					6 Denial of Payment for New Admissions	14 Revocation of Certificate	22 Other (Specify) _____					7 License Revocation	15 Injunction	23 Enforcement Action					8 Receivership	16 Civil Monetary Penalty		
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13. Date of Proposed Action 0 3 2 8 1 3 M M D D Y Y	14. Parties Notified and Dates <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:5%;"></td> </tr> <tr> <td>1 Facility</td> <td>1</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">1</td> </tr> <tr> <td>2 Complainant</td> <td>2</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">7</td> <td style="border: 1px solid black; text-align: center;">1</td> </tr> <tr> <td>3 Representative</td> <td>3</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>4 Other (Specify) _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								1 Facility	1	0	4	1	2	1	2 Complainant	2	0	4	1	7	1	3 Representative	3						4 Other (Specify) _____							15. Date Forwarded to CMS RO or Medicaid SA (MSA) (Attach HCFA-2567) M M D D Y Y																												
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Part III - To Be Completed By Component Taking Final Close-Out Action (RO/MSA)

16. Date of CMS/MSA Receipt M M D D Y Y	17. CMS RO/MSA Action <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:5%;"></td> <td style="width:5%;"></td> </tr> <tr> <td>1 None</td> <td>2</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td>2 Termination (23-day)</td> <td>6</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 Termination (90-day)</td> <td>7</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4 Intermediate Sanction</td> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5 Move Routine Survey Date Forward</td> <td>9</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>10</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>11</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>12</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>13</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>14</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								1 None	2						2 Termination (23-day)	6						3 Termination (90-day)	7						4 Intermediate Sanction	8						5 Move Routine Survey Date Forward	9							10							11							12							13							14						18. Date of Final Action Sign-off M M D D Y Y
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