



Ref: Ft Walton Beach Med Center 10-0223 IJ

Important Notice, Please Read Carefully

August 1, 2008

Mr. Wayne Campbell, CEO
Ft Walton Beach Medical Center
1000 Mar Walt Drive
Ft Walton Beach, Florida 32547

RE: Acute Care Hospital - CMS Certification Number (CCN): 10-0223

Dear Mr. Campbell:

Institutions accredited as hospitals by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) are deemed to meet all of the Medicare Conditions of Participation for hospitals, with the exception of utilization review and the special staffing and medical record requirements for psychiatric hospitals. Section 1864 of the Social Security Act authorizes the Secretary of Health and Human Services to conduct surveys of accredited hospitals participating in the Medicare program as a means of validating reliance on the accreditation process.

Florida Agency for Healthcare Administration conducted a complaint survey at Ft Walton Beach Medical Center on July 26, 2008. Based on the findings we believe that conditions within Ft Walton Beach Medical Center posed an immediate and serious threat to the health and safety of patients. Specifically, the facility does not meet the Conditions of Participation at:

- 42 CFR 482.13, Patients' Rights – A115
- 42 CFR 482.482.21, Quality Assessment & Performance Improvement – A263
- 42 CFR 482.55 Emergency Services – A1100

When a hospital, regardless of its JCAHO accreditation status, is found to be out of compliance with one or more Condition of Participation, and immediate or serious threat to patient health and safety exists, a determination must be made that the facility no longer meets the requirements for participation as a provider of services in the Medicare program. Such a determination has been made in the case of Ft Walton Beach Medical Center and, accordingly, the Medicare provider agreement between Ft Walton Beach Medical Center and the Secretary of the Department of Health and Human Services is being terminated. This termination will be effective **August 18, 2008**.

The Medicare program will not make payment for inpatient hospital services furnished to patients who are admitted on or after **August 18, 2008**. For patients admitted prior to

August 18, 2008, payment may continue to be made for a maximum of 30 days for inpatient hospital services furnished on or after **August 18, 2008**. You should submit as soon as possible, a list of names and Medicare claim numbers of beneficiaries in your hospital on **August 18, 2008**, to your Fiscal Intermediary to facilitate payment for these individuals.

We will publish a public notice in the local newspaper. The publication date for the notice will take place on or before August 18, 2008. Termination can only be averted by correction of these deficiencies. Should we not hear from you, we will assume that the situation has not been corrected. An acceptable credible allegation of compliance/plan of correction must be submitted to this office within ten days of receipt of this letter and your copy of the Statement of Deficiencies (See CMS Form 2567 attached). Please also submit a copy to the Florida State Survey Agency.

An acceptable plan of correction must contain the following elements:

- 1) *The plan for correcting the specific deficiency cited. The plan should address the processes that lead to the deficiency cited;*
- 2) *The procedure for implementing the acceptable plan of correction for the specific deficiency cited;*
- 3) *The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;*
- 4) *The title of the person responsible for implementing the acceptable plan of correction.*
- 5) *The plan of correction must be signed by the responsible administrative officer and dated.*

If an acceptable credible allegation of compliance is received from you, a follow-up visit will be conducted before **August 18, 2008**. Please submit your allegation of compliance/plan of correction to:

Attention: Jacqueline Whitlock, Health Insurance Specialist
Division of Survey & Certification
Centers for Medicare and Medicaid Services
Sam Nunn Atlanta Federal Center
61 Forsyth Street, S.W., Suite 4T20
Atlanta, Georgia 30303-8909

If you have corrected this situation, please advise us immediately.

Appeal Rights

If you do not believe this termination decision is correct, you may request a hearing before an Administrative Law Judge (ALJ) as outlined in Title 42 of the Code of Federal Regulations, Section 405.1530 et. seq. To be effective, a written request for a hearing must be filed not later than 60 days after the date you receive this letter. The request for a hearing should state why the decision is considered incorrect, and should be accompanied by any evidence and arguments you may wish to bring to the attention of the Department of Health and Human Services. Evidence and arguments may be presented at the hearing, and you may be represented by counsel. Such a request may be made to:

Ms. Sandra M. Pace
Associate Regional Administrator
Division of Survey and Certification
Sam Nunn Atlanta Federal Center
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303-8909

Ms. Pace will forward your request to the Chief ALJ at the Departmental Appeals Board. If you have questions or concerns, feel free to contact Jacqueline Whitlock at (404) 562-7437.

Sincerely yours,

Sandra M. Pace
Associate Regional Administrator
Division of Survey & Certification

cc: FL State Survey Agency
The Joint Commission