



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

EMAILED
March 23, 2018

March 23, 2018

Kathy Leibl, Administrator
Healtsouth Blue Ridge Surgery
2308 Wesvil Court
Raleigh, NC 27607

CMS Certification Number: 34C0001017

Re: Follow up to Outstanding Immediate Jeopardy and Complaint Investigation
Conducted March 7, 2018 through March 9, 2018

Dear Ms. Leibl:

Thank you and your staff for the assistance and cooperation extended to the Acute Care team during the follow up survey and complaint investigation conducted March 7, 2018 through March 9, 2018. The purpose of conducting the survey was to evaluate the Ambulatory Surgery Center's compliance with the Federal Medicare Conditions for Coverage for Ambulatory Surgery Centers and to follow up on the Immediate Jeopardy that was identified during the complaint survey conducted January 30, 2018 through February 2, 2018. The State Agency is recommending removal of the Immediate Jeopardy on March 9, 2018. Based on findings during the survey, the Ambulatory Surgery Center remains out of compliance with the following Conditions for Coverage:

416.41 Governing Body
416.42 Surgical Services
416.43 Quality Assessment and Performance Improvement

In addition, standard level deficiencies were cited in the areas listed above. Federal Regulations prohibit us from recertifying a provider when it has been determined that the provider is out of compliance with one or more Conditions for Coverage. We are unable to recertify your facility in the Medicare program. For this reason, deficiencies affecting the Conditions for Coverage must be corrected immediately. A follow-up visit will be conducted, if a "Credible Allegation of Compliance" is received by the State Agency within 10 days of receipt by the provider. Based on the report of survey, the State Agency is forwarding to the Regional Office a recommendation for termination from the Medicare/Medicaid program effective May 16, 2018.

ACUTE AND HOME CARE LICENSURE AND CERTIFICATION SECTION

WWW.NCDHHS.GOV/DHSR

TEL 919-855-4620 • FAX 919-715-3073

LOCATION: 1205 UMSTEAD DRIVE • LINEBERGER BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2712 MAIL SERVICE CENTER • RALEIGH, NC 27699-2712

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



Kathy Leibl, Administrator
Healthsouth Blue Ridge Surgery
March 22, 2018
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I have enclosed the form CMS 2567 "Statement of Deficiencies" report of survey conducted with an exit date of March 9, 2018. This form will be made available to the public under the disclosure of survey provisions. A plan of correction should be submitted detailing how each deficiency will be corrected and must include 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 (on page 1) by the responsible administrative officer and dated.

The enclosed form CMS 2567, with the plan of correction added, must contain an **original signature and date**, and be returned **WITHIN 10 WORKING DAYS OF RECEIPT**. The plan of correction will be reviewed and if additional information is needed we will contact you.

If you have questions regarding termination action, please contact the CMS representative for North Carolina:

Ms. Karmen Billingslea
Division of Survey and Certification
CMS Atlanta Regional Office
Sam Nunn Atlanta Federal Center
61 Forsyth Street, SW Suite 4T-20
Atlanta, Georgia 30303-8909
(404) 562-7405

Should you have questions concerning the deficiencies, please do not hesitate to call me or Lea Gillis, RN, MSN, Nurse Consultant at (919) 855-4620.

Sincerely,

Azzie Y. Conley

Azzie Y. Conley, RN
Section Chief
Acute and Home Care Licensure and Certification Section

Enclosures: CMS-2567

cc: Karmen Billingslea CMS Region IV (via email)

Enclosures: CMS-2567

CCN: 34C0001017