

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW, Suite 4T20
Atlanta, Georgia 30303-8909



Ref: : Memorial Mission Hospital and Asheville Surgery Center CCN: 34-0002

IMPORTANT NOTICE – PLEASE READ CAREFULLY

SENT VIA INTERNET EMAIL TO: chad.patrick@HCAHealthcare.com

(Receipt of this notice is presumed to be February 1, 2024 – date notice e-mailed)

February 1, 2024

Chad Patrick, CEO
Memorial Mission Hospital and Asheville Surgery Center
509 Biltmore Ave
Asheville, NC 28801

Dear Mr. Patrick,

In order to participate in the Medicare program as a hospital, a facility must meet the statutory definition of a hospital set out in section 1861(e) of the Social Security Act (the ACT), 42 U.S.C. § 1395x(e), and must be in compliance with each of the applicable regulatory Conditions of Participation for hospitals at 42 C.F.R. Part 482. Section 1864 of the Act authorizes the Secretary of Health and Human Services, through State Survey Agencies, to conduct surveys of accredited hospitals participating in the Medicare program if there are substantial allegations indicating serious deficiencies that could potentially affect the health and safety of patients.

On December 9, 2023, the North Carolina State Survey Agency concluded a complaint survey at Memorial Mission Hospital and Asheville Surgery Center. This survey found that the hospital was not in compliance with the Medicare Conditions of Participations and that the noncompliance posed immediate jeopardy to patients' health and safety. Specifically, the hospital failed to meet the following Conditions of Participation:

- 42 C.F.R. § 482.12 Governing Body
- 42 C.F.R. § 482.13 Patient's Rights
- 42 C.F.R. § 482.21 Quality Assessment and Performance Improvement Program
- 42 C.F.R. § 482.23 Nursing Services
- 42 C.F.R. § 482.27 Laboratory Services
- 42 C.F.R. § 482.55 Emergency Services

These deficiencies are further set out in the enclosed Form CMS-2567, Statement of Deficiencies. Due to the findings of condition-level deficiencies, CMS hereby removes the deemed status of your

hospital and places it under the State Survey Agency's jurisdiction. CMS will reinstate your hospital's deemed status if CMS finds that your hospital meets all applicable Medicare Conditions of Participation.

Under 42 C.F.R. § 489.53, a hospital that does not comply with the Medicare Condition of Participation is subject to termination of its provider agreement. Consequently, **unless the immediate jeopardy conditions are removed within 23 days from the date of this notice (February 24, 2024), the Medicare provider agreement between Memorial Mission Hospital and Asheville Surgery Center and the Secretary of the Department of Health and Human Services will be terminated.**

You may avert the termination by removing the immediate jeopardy conditions or coming into compliance with the hospital Conditions of Participation **within 23 days from the date of this notice (February 24, 2024)**. In order to do so, **you must submit a Plan of Correction (PoC)** by no later than **5 days from the date of this notice (February 6, 2024)**, describing in detail the specific corrective measures taken to resolve these deficiencies. Should we not hear from you, we will assume that the situation has not been corrected. **An acceptable PoC must contain the following elements:**

- 1) The plan of correcting the specific deficiencies cited. The plan should address the processes that led to the deficiencies cited;
- 2) The procedure for implementing the acceptable PoC for the specific deficiencies cited;
- 3) The monitoring and tracking procedure to ensure that the PoC is effective, that specific deficiencies cited remains corrected, and that the hospital maintains its compliance with the regulatory requirements;
- 4) The title of the person responsible for implementing the acceptable PoC; and
- 5) A completion date for correction of each deficiency cited.

Copies of the Form CMS-2567, including copies containing the hospital's PoC, are releasable to the public in accordance with the provisions of Section 1864(a) of the Act and 42 C.F.R. § 401.133(a). As such, the PoC should not contain personal identifiers, such as patient names, and you may wish to avoid the use of staff names. It must, however, be specific as to what corrective actions the hospital will take to achieve compliance with the regulations, as indicated above.

Please send your PoC to the attention of Michelle Joshua at Michelle.Joshua@cms.hhs.gov.

If your PoC is accepted, the North Carolina State Survey Agency will conduct a revisit survey to determine whether the conditions that constituted immediate jeopardy have been removed and the hospital is back in compliance. If CMS does not receive a timely PoC or determines that Memorial Mission Hospital and Asheville Surgery Center has not removed the immediate jeopardy condition, CMS will send you a Notice of Termination at least 15 days prior to the projected termination date of **February 24, 2024**, and provide the information on how to appeal the termination decision to the Departmental Appeals Board. At the same time, CMS will publish a notice on the CMS website to inform the public of the hospital's termination from the Medicare program.

If you have any questions concerning this preliminary determination letter, please contact Michelle Joshua in our CMS-Atlanta Location at Michelle.Joshua@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads "Jill Jones". The signature is written in a cursive, flowing style.

Jill Jones
Branch Manger
Atlanta Survey and Enforcement Division
Survey and Operations Group
Centers for Medicare and Medicaid Services

Enclosure: Form CMS-2567

cc: JC
NC DHHS