



CMS Certification Number (CCN): 365370

July 14, 2021
By Email Only

Blue Stream Rehab and Nursing
Attn: Administrator
4360 Brecksville Rd
Richfield, OH 44286

Dear Administrator:

**Subject: Civil Money Penalty Case Number: 2021-05-LTC- A23
Cycle Start Date: January 7, 2021**

By letter dated May 12, 2021, and in accordance with the statutory provisions of Sections 1819(h) and/or 1919(h) of the Social Security Act and the regulations at 42 CFR Sections 488.430 to 488.444, we advised you that the Centers for Medicare & Medicaid Services had imposed a civil money penalty (CMP) on Blue Stream Rehab and Nursing for not meeting the Federal requirements for nursing homes participating in the Medicare and Medicaid programs. This notice is to inform you that the CMP imposed as noted below is due and payable on August 8, 2021.

You submitted documentation in a letter dated May 25, 2021, to support your allegation that the CMP should be reduced due to financial hardship. Based on our review of that documentation, we are reducing the amount of the CMP. Therefore, the CMP is imposed as indicated below.

The total amount due is based on imposition as follows:

- Federal Civil Money Penalty of \$11,175.00 per day for the sixteen (16) days beginning December 21, 2020 and continuing through January 5, 2021 for a total of \$178,800.00
- Federal Civil Money Penalty of \$435.00 per day for the seventy-seven (77) days beginning January 6, 2021 and continuing through March 23, 2021 for a total of \$33,495.00

The total amount due is \$68,995.87. This total amount due reflects a thirty-five percent (35%) reduction in the CMP, since you waived your right to a hearing on the noncompliance as specified at 42 CFR Section 488.436; as well as a fifty percent (50%) reduction due to your financial hardship request.

You should pay the full amount due by check or electronic transfer of funds. 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. The rate of interest is 9.5%.

To ensure proper crediting of your payment, you must include the CMP case number and your CMS Certification Number (CCN) on your check and on all correspondence relating to the CMP.

The CMP case number is: 2021-05-LTC- A23
 Your CMS Certification Number (CCN) is: 365370

Make the check payable to the Centers for Medicare & Medicaid Services and send the check to:

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 Office. Otherwise, your payment will be considered late and offset may be initiated and/or interest may be charged.

To pay by electronic transfer of funds to CMS:

Subtype/Type Code:	10 00
Amount:	\$68,995.87
Sending Bank Routing Number:	<i>(insert the sending bank routing number)</i>
ABA Number of Receiving Institution (EFT/ACH):	051 036 706
ABA Number of Receiving Institution (Wire Transfer):	021 030 004
Receiver Name:	Treasury NYC
Receiving Institution Name:	Federal Reserve Bank of New York
Receiving Institution Address:	33 Liberty Street, New York, NY 10045
Beneficiary Account Number:	875050080000
Beneficiary Name:	Centers for Medicare & Medicaid Services (CMS)
Beneficiary Physical Address:	7500 Security Blvd., Baltimore, MD 21244
CMS Tax ID Number:	52-0883104
Credit Gateway Customer Care Number:	1 (877) 815-1206
Remarks:	Civil Money Penalty; 365370 2021-05-LTC- A23

If CMS does not receive a check or electronic transfer of funds for the full amount by the payment due date, both the CMP and any interest accrued after the payment due date will be deducted from sums owed to you **without any further notification from this office.**

CONTACT INFORMATION

If you have any questions regarding this matter, please contact me at (312) 353-7362. Information may also be faxed to (443) 380-7567.

Sincerely,

A handwritten signature in cursive script that reads "Tasha Fisher".

Tasha Y. Fisher, MHS
Principal Program Representative
Long Term Care Branch
CMS-Chicago, Survey & Operations Group

cc: Ohio Department of Health
Ohio Department of Medicaid