

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building Room 2325
15 New Sudbury Street
Boston, Massachusetts 02203



Division of Northeast Survey & Enforcement

IMPORTANT NOTICE - PLEASE READ CAREFULLY

August 26, 2024

Administrator
Abbott Terrace Health Center
44 Abbott Terrace
Waterbury, CT 06702-1431

*Via Email: administrator@abbottterracehc.com; lsantilli@athenahealthcare.com;
srosenberg@athenahealthcare.com*

RE: Notice of Involuntary Termination of Medicare Provider Agreement
Abbott Terrace Health Center - Involuntary Termination Effective September 10, 2024

Enforcement Cycle Start Date: March 4, 2024

Additional Surveys/Revisits-Offsite Review: March 19, 2024; April 16, 2024; April 30, 2024; May 14, 2024; May 22, 2024; May 23, 2024; June 17, 2024; June 24, 2024; August 8, 2024; August 20, 2024

Substantial Compliance: NOT ACHIEVED

Discretionary Denial of Payment for New Admissions: IMPOSED effective June 4, 2024 - ONGOING

Involuntary Termination: To be effective September 10, 2024

CMS Certification No. 075351

Dear Administrator:

The Centers for Medicare & Medicaid Services (CMS) notified you, by letter dated May 17, 2024, of our intent to terminate **Abbott Terrace Health Center located at 44 Abbott Terrace, Waterbury, CT 06702-1431**. This letter is to notify you that after a careful review of the facts from the surveys and revisits by the Connecticut Department of Public Health, which shows continued non-compliance, we have determined that Abbott Terrace Health Center no longer meets the requirements for participation as a skilled nursing facility in the Medicare program under Title XVIII of the Social Security Act. In accordance with Section 1819(h)(2)(C) of the Social Security Act (“the Act”), CMS will involuntarily terminate your Medicare provider agreement based on the failure to return to substantial compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid program. **This involuntary termination is effective September 10, 2024.**

The Medicare/Medicaid program will not make payment for covered services furnished to residents who were admitted to your facility on or after September 10, 2024. For Medicare/Medicaid

residents residing in your facility prior to September 10, 2024, payment for covered services may be made after the date of termination for up to 30 days to ensure residents are successfully relocated per 42 C.F.R. §489.55(a) and 42 C.F.R. §441.11.

Termination of your participation in the Medicare program will also result in termination of your Medicaid agreement. CMS is therefore forwarding a copy of this letter to the Connecticut Department of Public Health. CMS is also sending a copy of this letter to your Medicare Administrative Contractor (MAC), National Government Services. Please contact your MAC to make arrangements for filing a final cost report.

DENIAL OF PAYMENT FOR ALL NEW ADMISSIONS

As you were notified in the CMS initial enforcement remedies letter dated May 17, 2024, a Mandatory Denial of Payment for New Admissions (DPNA) was imposed effective June 4, 2024. Once imposed, the DPNA will continue until substantial compliance is achieved, **or termination occurs**. This action is permissible under the Social Security Act at §§ 1819(h)(2)(B)(i) and 1919(h)(2)(A)(i) and (h)(3)(C)(i) and Federal regulations at 42 C.F.R. § 488.417(b). Please note that the discretionary denial of payment for new admissions includes Medicare beneficiaries enrolled in managed care plans.

REINSTATEMENT AFTER TERMINATION

As a result of the serious nature and circumstances of the involuntary termination, should Abbott Terrace Health Center desire to re-enter the Medicare Program as a provider of Long Term Care services, Abbott Terrace Health Center must provide CMS with reasonable assurance of its capacity to maintain compliance with the Medicare requirements for certification, as provided in Section 1866(c)(1) of the Act and with 42 C.F.R. §489.57. CMS will not initiate initial certification processes unless it determines: (1) the institution has submitted with its request for readmission sufficient justification to indicate that the reasons for termination no longer exist; (2) all of the applicable statutory and regulatory requirements are met; and (3) there is reasonable assurance for Medicare entities that the deficiencies that caused the termination will not recur.

PUBLIC NOTICE OF TERMINATION

In accordance with 42 CFR 489.53(d), CMS will publish a public notice prior to the termination and it will remain on the following website for six months:
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Termination-Notices.html>

APPEAL RIGHTS

Abbott Terrace Health Center was offered appeal rights in the CMS letter dated May 17, 2024, based on the non-compliance identified at the March 4, 2024, March 19, 2024, and April 16, 2024 surveys. No further appeal rights will be offered for these surveys. If you disagree with the determination to impose remedies made on the basis of noncompliance identified at the May 22, 2024, May 23, 2024, and June 17, 2024 surveys, you or your legal representative may request a hearing before an administrative law judge of the U.S. Department of Health and Human Services, Departmental Appeals Board (DAB). The appeal rights are set forth at 42 C.F.R. § 498.5 and the procedures for requesting a hearing are set forth at §498.40, et seq. You must file your hearing request electronically by using the DAB's Electronic

Filing System (DAB E-File) at <https://dab.efile.hhs.gov/>, unless you obtain a waiver from the DAB (see DAB Civil Remedies Division Procedures, § 6(a)(i)(1)). Your appeal must be filed no later than 60 days from the date of receipt of this letter. If you elect to dispute deficiencies through the Informal Dispute Resolution (IDR) process (see the state letter accompanying the CMS Form-2567 for additional details and deadlines), this will not extend the 60-day period to file your appeal before the Departmental Appeals Board. Filing an appeal will not stop the imposition of any enforcement remedy. In addition, please email a copy of your request to CMSBostonLTC@cms.hhs.gov.

If you experience problems with, or have questions about DAB e-File, please contact e-File System Support at OSDABImmediateOffice@hhs.gov. If you have questions about using the DAB e-file System, please visit: https://dab.efile.hhs.gov/appeals/to_crd_instructions?locale=en.

If you have question regarding reimbursement, please contact your Medicare Administrative Contractor. If you have any questions regarding this matter, please contact CMSBostonLTC@cms.hhs.gov.

Sincerely,

LCDR Ronell D. Copeland, MPH, BSN, RN, USPHS
Enforcement Branch Manager
Division of Northeast Survey & Enforcement
Survey and Operations Group
Center for Clinical Standards & Quality
Centers for Medicare & Medicaid Services (CMS)

cc:

State Agency
State Medicaid Agency
MAC - National Government Services