

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Service
Center for Clinical Standards and Quality
Survey & Operations Group
Division of San Francisco/Seattle Survey & Enforcement



Sent via E-MAIL to: Shahrouz@healingcarehospice.com and Glenda@healingcarehospice.com

IMPORTANT AMENDED NOTICE -PLEASE READ CAREFULLY

June 21, 2024

Shahrouz Golshani, President/CEO/Administrator
Healing Care Hospice, Inc.
8255 Firestone Blvd., Suite 403
Downey, CA 90231

**RE: CMS Certification Number (CCN): 751514 / NPI: 1043578958
Involuntary Termination of Medicare Provider Agreement After Medicare Complaint
Validation Survey on April 16-19, 2024, IJ on April 17, 2024 and Removed on April 25, 2024,
and Four Medicare Conditions of Participation Not Met Termination Date: July 6, 2024**

Dear Mr. Shahrouz Golshani:

After careful review, the Centers for Medicare & Medicaid Services (CMS) has determined that Healing Care Hospice, Inc. no longer qualifies for participation as a hospice in the Medicare program established under Title XVIII, Section 1861(b) of the Social Security Act (the Act). Therefore, your Medicare agreement will be terminated effective 12:01 a.m. Pacific Daylight Time on **July 6, 2024**.

The California Department of Public Health (CDPH) conducted a Medicare complaint validation survey on the April 16-19, 2024, survey documented that Healing Care Hospice, Inc. was cited with an immediate jeopardy (IJ) for 42 Code of Federal Regulation (C.F.R.) § 418.76(c)(1)-Competency Evaluation on April 17, 2024. CMS impose enforcement actions by letter dated April 25, 2024, and the IJ was removed on April 25, 2024. The survey also found Healing Care Hospice, Inc. was in violation of the following four (4) Medicare Conditions of Participation (CoPs):

- 42 C.F.R. § 418.54 Initial & Comprehensive Assessment of the Patient
- 42 C.F.R. § 418.56 Interdisciplinary Group (IDG), Care Planning & Coordination of Services
- 42 C.F.R. § 418.76 Hospice Aide and Homemaker Services
- 42 C.F.R. § 418.104 Clinical Records

As you are aware, to participate in the Medicare program, a hospice must be in compliance with each of the applicable regulatory CoPs for hospice services at 42 C.F.R. Part 418.

Seattle Location
701 Fifth Avenue, Suite 1600, MS 400
Seattle, WA 98104

San Francisco Location
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103

Termination of Provider Agreement

CMS has determined that Healing Care Hospice, Inc. and the deficiencies documented by the April 16-19, 2024, survey either individually or in combination substantially limit the hospice's capacity to render adequate care or adversely affect patient health and safety, thus establishing a basis under 42 C.F.R. § 488.24(b) for concluding that the above-referenced Conditions of Participation are not met.

Therefore, because Healing Care Hospice, Inc. is not in compliance with all applicable Medicare Conditions of Participation set forth at 42 C.F.R. Part 418, as established by the complaint validation survey, we are terminating Medicare coverage effective **12:01 a.m. Pacific Daylight Time, July 6, 2024**. See Social Security Act § 1866(i); see also 42 C.F.R. §§ 488.24(b), 488.24(c), 488.26(b), 488.28, 489.53(a)(1) & (3).

There will be no payment for patient services rendered to Medicare and/or Medicaid beneficiaries admitted on or after **12:01 a.m. Pacific Daylight Time, July 6, 2024**. To facilitate the appropriate movement and placement of Medicare and/or Medicaid patients in your facility upon termination of your Medicare provider agreement, payments for services to Medicare and/or Medicaid residents who were admitted to your facility prior to the effective date of termination may be permitted for up to a maximum of thirty (30) days after the effective date of termination. See 42 C.F.R. § 489.55(a)(1).

Public Notice

In accordance with 42 C.F.R. § 488.456(c), CMS is required to provide the general public with notice of an impending termination and will publish a notice prior to the effective date of termination. Public notice of termination will be published on the CMS Website at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Termination-Notices.html> on or before June 20, 2024. See *Agreement Termination Notices Final Rule (CMS-1677-F)*.

Application for Readmission Following Involuntary Termination

Once terminated, Healing Care Hospice, Inc. may apply for reinstatement. See 42 C.F.R. § 489.57. However, a new agreement will not be accepted unless CMS determines that the reason for termination of the previous agreement has been removed and that there is "reasonable assurance" that the hospice can maintain compliance with all applicable Conditions of Participation. 42 C.F.R. § 489.57(a). Compliance will be verified by on-site surveys conducted at the beginning and end of a reasonable assurance period determined by CMS. This period will be a minimum of 90 days. Prior to issuance of a new provider agreement the hospice also must fulfill, or make satisfactory arrangements to fulfill, all of the statutory and regulatory responsibilities of its previous agreement (including resolution of all outstanding financial obligations due the Medicare program). 42 C.F.R. § 489.57(b). Additionally, before readmission to the Medicare program, you must demonstrate your ability to comply with all pertinent requirements of Title XVIII of the Social Security Act (including your financial ability to provide the services required for Medicare participation). See, e.g., 42 C.F.R. § 489.12(a)(4); See generally 42 C.F.R. Part 489, Subpart B.

Assuming substantial compliance with participation requirements is documented at the beginning and end of the reasonable assurance period, and assuming all other federal requirements are met, Medicare certification and reimbursement will begin following the conclusion of the reasonable assurance period in accordance with the terms of 42 C.F.R. § 489.13.

Appeal Rights

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. § 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically via **Email: ROSFOSO@cms.hhs.gov Attn: Renae Hill.**

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed **no later than sixty (60) days after receiving this letter**, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense.

If you have any questions, please contact Renae Hill, Manager, CMS San Francisco & Seattle Acute and Continuing Care Branch at (206) 615-2041 or by email at ROSFOSO@cms.hhs.gov ATTN: Renae Hill.

Sincerely,

James M. Bossenmeyer
Acting Director
Division of San Francisco/Seattle Survey & Enforcement
Survey & Operations Group
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services

Enclosures: CMS-2567 form Statement of Deficiencies (32 pages)

cc: California Department of Public Health Los Angeles HH/Hospice/CLHF Unit
State Medicaid Agency
Accreditation Commission for Health Care (ACHC)