

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Survey and Certification, Region VI

August 26, 2011

Our Reference: CCN#450051
Intake #TX00146867/Event ID 1HCP11

Laura Irvine, Administrator
Methodist Dallas Medical Center
1441 North Beckley Avenue
Dallas, TX 75203

Dear Ms. Irvine :

Section 1865 of the Social Security Act and the regulations at 42 CFR 488.5(a) provide that a hospital accredited by a national accrediting organization with a deeming program approved by the Centers for Medicare & Medicaid Services (CMS) will be "deemed" to meet all the Medicare Conditions of Participation with the exception of Utilization Review. Section 1864 of the Act requires the Secretary of Health and Human Services to conduct a survey of a deemed hospital participating in the Medicare program if there is a substantial allegation of a serious deficiency or deficiencies which would, if present, adversely affect the health and safety of patients. If, in the course of such a survey, a hospital is found to have significant deficiencies with respect to compliance with the Conditions of Participation, we are required to remove the deemed status of the hospital and place it under State Survey Agency jurisdiction until the hospital is in substantial compliance with all the Conditions of Participation.

After a careful review of the August 4, 2011 survey report, the CMS has determined that Methodist Dallas Medical Center no longer meets the requirements for participation in the Medicare program because of deficiencies that represent an immediate jeopardy to patient health and safety. We are enclosing form CMS-2567 with the findings that show the following requirements were out of compliance:

- 42 CFR 482.11 Compliance with Federal, State and Local Laws
- 42 CFR 482.12 Governing Body
- 42 CFR 482.13 Patient Rights
- 42 CFR 482.24 Medical Records Services
- 42 CFR 482.20 Compliance with 489.24
- 42 CFR 482.55 Emergency Services
- 42 CFR 489.20(q) Signage Requirement
- 42 CFR 489.20(r)(2)/489124(j) Physician on-call Requirement

42 CFR 489.24(a) and (c) Appropriate Medical Screening Requirement
42 CFR 489.24(d)(4) and(5) No delay in Examination Requirement

To participate as providers of services in the Medicare program, hospitals must meet all provisions of Section 1861(e) of the Social Security Act, be in compliance with each of the Conditions of Participation, and be free of hazard to patient health and safety.

Unless the immediate jeopardy to patient health and safety is removed, your hospital's Medicare agreement will be terminated on **September 19, 2011**. You must send us acceptable plans of correction by **September 6, 2011**, in order to ensure a revisit by the Texas Department of State Health Services before September 19, 2011. The criteria for a acceptable plans of correction are as follows:

1. The plan addresses correcting the specific deficiency cited.
2. The plan should address improving the processes that lead to the deficiency cited.
3. The plan must include procedure for implementing the acceptable plan of correction for each deficiency cited.
4. A completion date for the implementation of the plans of correction for each deficiency cited.
5. All plans of correction must take a QAPI approach and address improvements in its systems in order to prevent the likelihood of the deficient practice reoccurring.
6. The plan must include the monitoring and tracking procedures to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements.
7. The plan must include the title of the person responsible for implementing the acceptable plan of correction.

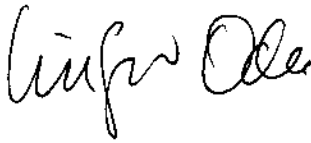
The completion date for your corrective action can be no later than **September 10, 2011**. Failure to respond will result in your termination from the Medicare program effective September 19, 2011. In accordance with section 1865(b) of the Social Security Act, the Texas Department of State Health Services will shortly conduct a full Medicare survey of your facility to assess compliance with all the Conditions of Participation for hospitals.

If you remain out of compliance at the time of your revisit, or fail to submit acceptable plans of correction, you will receive a notice from our office advising you of your termination and appeal rights.

We will arrange to publish notice of this proposed termination in the Dallas Morning News. Because the requirements for participation in the Medicaid program are substantially the same as those for Medicare, we have notified the appropriate State Medicaid officials concerning termination of your provider agreement under Title XVIII.

If you have any questions, please contact Juanita Cortez at 214-767-4403 or by email at juanita.cortez@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads "Ginger Odle". The signature is written in a cursive style with a large, prominent "G" and "O".

Ginger Odle, Manager
Non-Long Term Care Certification and Enforcement Branch

Enclosure: CMS-2567

cc: Accrediting Organization