

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 9, 2011

Our Reference: CCN#450015

**Ron J. Anderson, MD, CEO
Parkland Health and Hospital System
5201 Harry Hines Blvd
Dallas, TX 75235**

Dear Mr. Anderson:

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 July 21, 2011 survey report, the CMS has determined that Parkland Health and Hospital System no longer meets the requirements for participation in the Medicare program because of deficiencies that represent an immediate and serious threat to patient health and safety. We are enclosing Form CMS-2567 that shows your hospital's non compliance with the following requirements:

- 42 CFR 482.11 Compliance with Laws**
- 42 CFR 482.12 Governing Body**
- 42 CFR 482.23 Nursing Services**
- 42 CFR 482.42 Infection Control**
- 42 CFR 489.20 Compliance with 42 CFR 489.24**
- 42 CFR 489.20(q) Posting of Signs**
- 42 CFR 489.20(r)(2)/489.24(j) On Call Physicians**
- 42 CFR 489.24(a) Medical Screening Examination**
- 42 CFR 489.24(e) Appropriate Transfer**

To participate as providers of services in the Medicare program, hospitals must meet all provisions of Sections 1861(e), 1866 and 1867 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 serious and immediate threat to patient health and safety is removed, your hospital's Medicare agreement will be terminated on September 2, 2011. You must send us acceptable plans of correction by August 20, 2011, in order to ensure a timely revisit by the Texas Department of State Health Services (DSHS) before September 2, 2011. The criteria for acceptable plans of correction are as follows:

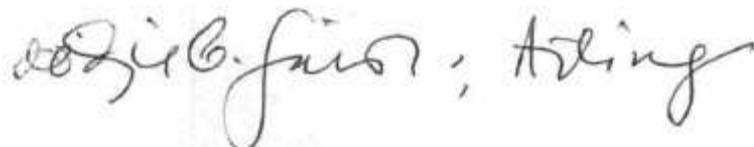
1. The plan addresses correcting the specific deficiency cited.
2. The plan must address improving the processes that lead to the deficiency cited.
3. The plan must include procedure for implementing the acceptable plan of correction for each deficiency cited.
4. A completion date for the implementation of the plans of correction for each deficiency cited.
5. All plans of correction must take a Quality Assessment and Performance (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 plans of correction can be no later than August 24, 2011. Failure to submit acceptable plans of correction timely will result in your termination from the Medicare program effective September 2, 2011. If we receive acceptable plans of correction, an onsite revisit will be performed. If the immediate and serious threat to patient health and safety is not removed 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 from the Medicare program and appeal rights.

We will arrange to publish notice of this proposed termination in the Dallas Morning News concurrently with the notice of termination. Because the requirements for participation in the Medicaid program are substantially the same as those for Medicare, we will notify 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 cursive script, appearing to read "Ginger Odle".

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

Enclosure: 3 – CMS Forms - 2567
cc: Accrediting Organization