



DEPARTMENT OF HEALTH & HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
Consortium For Quality Improvement and Survey & Certification Operations  
Western Consortium – Division of Survey & Certification

Refer to: WCDSC-KV

January 29, 2010

Administrator  
University Medical Center of Southern Nevada  
CCN: 29-0007  
1800 West Charleston Boulevard  
Las Vegas, NV 89102

Dear Administrator,

A hospital must meet the requirements established under title XVIII of the Social Security Act (the Act) and the regulations established by the Secretary of Health and Human Services under the authority contained in section 1861 of the Act to participate in the Medicare program. Further, section 1866(b) of the Act authorizes the Secretary to terminate the provider agreement of a hospital that fails to meet these provisions.

Your hospital was surveyed on December 21, 2009, by the Nevada Department of Health and Human Services, based on an allegation of noncompliance with the requirements of 42 CFR §489.20 and §489.24. The requirements violated were:

2400	§489.20(l)	Compliance with §489.24
2406	§489.24(a)	Medical Screening Exam

The deficiencies identified are listed on the enclosed CMS-2567, Statement of Deficiencies.

This preliminary determination letter serves to notify you of the violation. The projected date on which your agreement will terminate is **April 29, 2010**.

Under 42 CFR §489.53, a hospital that violates the provisions of §489.20 is subject to termination of its provider agreement. Consequently, we plan to terminate University Medical Center of Southern Nevada's participation in the Medicare program.

You will receive a "notice of termination letter" on April 15, 2010. This final notice will be sent to you concurrently with notice to the public in accordance with regulations at 42 CFR §489.53.

You may avoid termination action and notice to the public either by providing credible allegation or credible evidence of correction of the deficiencies or by successfully proving that the deficiencies did not exist 10 days from the receipt of this letter (estimated to be **February 11, 2010**). A credible allegation of correction by the hospital requires a resurvey to verify the

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1600 Broadway, Suite 700  
Denver, CO 80202

San Francisco Regional Office  
90 7<sup>th</sup> Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6707

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2201 Sixth Avenue, RX-48  
Seattle, WA 98121


corrections. However, when evidence of correction is provided by the hospital, this office must decide whether the evidence of correction is sufficient to halt the termination action. If the evidence is not sufficient in itself to establish that the hospital is in compliance, a resurvey is required for verification of correction. If we verify your corrective action or determine that you successfully refuted the findings contained in this letter by proving the allegations were in error, your termination from the Medicare program will be rescinded.

Send all correspondence to Mr. Rufus Arther, Branch Manager, Non-Long Term Care, 90 7<sup>th</sup> Street, Suite 5-300 (5W) San Francisco, California, 94103-6707. In addition send a copy of all correspondence to the Nevada Department of Health and Human Services, the State Agency that performed the EMTALA survey.

If you have any questions concerning this preliminary determination letter, please contact Kelly Valente at (415) 744-3709 or Maureen Calacal at (415) 744-3727 of my staff.

Sincerely,



 Rufus Arther  
Branch Manager  
Non-Long Term Care

Enclosure:

Statement of Deficiencies (Form CMS-2567)

cc:

Denise Hoyes James, Nevada Department of Health and Human Services (w/o enclosure)

Nevada State Medicaid (w/o enclosure)