



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-mc

February 26, 2009

Administrator  
Vista Hospital of Riverside  
2224 Medical Center Drive  
Perris, CA 92571

CMS Certification Number (CCN): 05-2052

Dear Administrator:

Hospitals accredited by the Joint Commission (JC) are “deemed” to meet Medicare Conditions of Participation (COPs) with certain exceptions, not pertinent here. See 42 C.F.R. §488.4 (a). However, if a validation survey results in a finding that **the hospital is out of compliance** with one or more of the COPs, the hospital will no longer be deemed to meet any COP. See 42 C.F.R. §488.7(d).

The California Department of Public Health (CDPH), the State Medicare survey agency, reported **serious deficiencies** from the June 27, 2008 complaint validation survey of your hospital, authorized by this office. Specifically, you do not comply with the following Condition(s) of Participation:

- 482.11 Compliance with Federal Laws
- 482.12 Governing Body
- 482.21 QAPI
- 482.22 Medical Staff
- 482.23 Nursing Services
- 482.25 Pharmaceutical Services
- 482.42 Infection Control

Consequently, effective the date of this letter we are removing your status as a provider deemed to meet Medicare COPs and placing you under the CDPH survey jurisdiction until you demonstrate full compliance. See 42 C.F.R. §488.7(d). This means that the hospital is now subject to all applicable participation and enforcement requirements and may be subject to termination of its Medicare provider agreement.

**We have further determined that these deficiencies, either individually or in combination, substantially limit the hospital's capacity to render adequate care to patients or are of such character as to adversely affect patient health and safety, thus establishing a basis under 42**

C.F.R. § 488.26(b) for concluding, that the above-referenced Condition(s) of Participation was not met. A description of the deficiencies found by the June 27, 2008 survey is set forth on the enclosed Statement of Deficiencies, Form CMS-2567.

You may submit evidence documenting actions you have taken to correct these deficiencies. Please submit your evidence of correction to address the survey findings to this San Francisco office and the Riverside District Office, CDPH by close of business, within ten (10) days of receipt of this letter.

The evidence of correction is to be entered on the right side of Form CMS-2567, opposite the deficiency, and must be signed and dated by the administrator or other authorized official.

The evidence of correction of each item must contain the following:

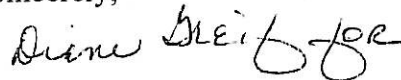
1. How the correction was accomplished, both temporarily and permanently for each individual affected by the deficient practice, including any system changes that must be made.
2. The title of position of the person responsible for correction, e.g. Administrator, Director of Nursing or other responsible supervisory personnel.
3. A description of the monitoring process to prevent recurrences of the deficiency, the frequency of the monitoring and the individual(s) responsible for the monitoring.
4. The date when the immediate correction of the deficiency will be accomplished. Normally this will be no more than thirty (30) days from the date of the exit conference.

If we determine that the submission is timely, credible and otherwise acceptable, we may authorize CDPH to conduct a resurvey. If this survey finds that the hospital meets all applicable Medicare Conditions, deemed status will be restored. See 42 C.F.R. §488.7(e). If we do not receive an acceptable, timely submission, or if a resurvey finds that the hospital is not complying with any COP, we will notify you that we are initiating action to terminate the facility's Medicare provider agreement. See 42 C.F.R. §488.7(d). In the meantime, the removal of deemed status does not limit your ability to bill Medicare, nor does it affect JC accreditation.

Copies of this letter are being sent to JC, the CDPH and Medicaid agency.

If you have any questions, please contact Leslie Royall of my staff at 415-744-3417 or Maureen Calacal at 415-744-3727.

Sincerely,



Rufus Arther, Manager  
Non-Long Term Care Branch  
Division of Survey and Certification

Enclosure