Department of Health & Human Services
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2325
Boston, MA 02203

CENTERS FOR MEDICARE & MEDICAID SERVICES

Northeast Division of Survey & Certification

June 5, 2018

David Tupponce, M.D., President
Central Maine Medical Center
300 Main Street
Lewiston, ME 04240

Re: **CMS Certification Number: 200024**
Survey ID: J1W811, 05/21/2018
Initial Notice of Termination

Dear Dr. Tupponce:

Section 1865 of the Social Security Act (the Act) and Centers for Medicare & Medicaid Services (CMS) regulations provide that a provider or supplier accredited by a CMS-approved Medicare accreditation program will be "deemed" to meet all of the Medicare Conditions of Participation (CoPs) for hospitals. In accordance with Section 1864 of the Act, State Survey Agencies may conduct at CMS's direction, surveys of deemed status providers on a selective sampling basis, in response to a substantial allegation of noncompliance, or when CMS determines a full survey is required after a substantial allegation survey identifies substantial noncompliance. CMS uses such surveys as a means of validating the accrediting organization's survey and accreditation process.

A survey conducted by the Maine Department of Health and Human Services (State Survey Agency) at Central Maine Medical Center on May 21, 2018 found that the facility was not in substantial compliance with the following CoP for hospitals:

42 CFR § 482.12 – Governing Body

As a result, effective May 21, 2018, your deemed status has been removed and survey jurisdiction has been transferred to the State Survey Agency.

A listing of all deficiencies found is enclosed (Form CMS-2567, Statement of Deficiencies and Plan of Correction).

When a hospital, regardless of whether it has deemed status, is found to be out of compliance with the CoPs, a determination must be made that the facility no longer meets the requirements for participation as a provider or supplier of services in the Medicare program. Such a determination has been made in the case of Central Maine Medical Center and accordingly, the Medicare agreement between Central Maine Medical Center and CMS is being terminated. The date on which the Medicare agreement terminates is **September 3, 2018**.

The Medicare program will not make payment for services furnished to patients who are admitted on or after September 3, 2018. For inpatients admitted prior to September 3, 2018, payment may continue to be made for a maximum of 30 days of inpatient services furnished on or after September 3, 2018. You should submit as soon as possible, a list of names and Medicare claim numbers of beneficiaries in your facility on September 3, 2018 to Nancy Hannah, DHHS/CMS, JFK Federal Building, Room 2325, Boston, MA, 02203 to facilitate payment for services to these individuals.

A public notice of termination will be posted on the CMS website at least fifteen days prior to termination date at:

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Termination-Notices.html

Termination can only be averted by correction of the deficiencies, through submission of an acceptable plan of correction (PoC) and subsequent verification of compliance by the State Survey Agency. The Form CMS-2567 with your PoC, dated and signed by your facility's authorized representative, **must be submitted to the State Survey Agency no later than June 15, 2018.** Please indicate your corrective actions on the right side of the Form CMS-2567 in the column labeled "Provider Plan of Correction", keying your responses to the deficiencies on the left. Additionally, indicate your anticipated completion dates in the column labeled "Completion Date".

An acceptable PoC must contain the following elements:

1. The plan for correcting each specific deficiency cited;

2. The plan for improving the processes that led to the deficiency cited, including how the hospital is addressing improvements in its systems in order to prevent the likelihood of recurrence of the deficient practice;

3. The procedure for implementing the PoC, if found acceptable, for each deficiency cited;

4. A completion date for correction of each deficiency cited;

5. The monitoring and tracking procedures that will be implemented to ensure that the PoC is effective and that the specific deficiencies cited remain corrected and in compliance with regulatory requirements; and

6. The title of the person(s) responsible for implementing the acceptable PoC.

Copies of the Form CMS-2567, including copies containing the facility's PoC, are releasable to the public in accordance with the provisions of Section 1864(a) of the Act and 42 C.F.R. § 401.133(a). As such, the PoC should not contain personal identifiers, such as patient names, and you may wish to avoid the use of staff names. It must, however, be specific as to what corrective action the hospital will take to achieve compliance, as indicated above.

If an acceptable POC is timely submitted, your facility will be revisited to verify necessary corrections. If CMS determines that the reasons for termination remain, you will be so informed in writing, including the effective date of termination. If corrections have been made and your facility is in substantial compliance, the termination procedures will be halted, and you will be notified in writing.

If your Medicare agreement is terminated and you wish to be readmitted to the program, you must demonstrate to the State Survey Agency and CMS that you are able to maintain compliance. Readmission to the program will not be approved until CMS is reasonably assured that you are able to sustain compliance.

If your Medicare agreement is terminated and you do not believe this termination decision is correct, you may request a hearing before an Administrative Law Judge (ALJ) of the Department of Health and Human Services, Departmental Appeals Board. Procedures governing this process are set out in regulations at 42 C.F.R. Part 498. An appeal/request for hearing must be filed no later than sixty (60) calendar days from the date of receipt of the initial notice of termination.

You must file your appeal electronically at the Departmental Appeals Board Electronic Filing System Web site (DAB E-File) at https://dab.efile.hhs.gov, unless you have received approval from the Civil Remedies Division (CRD) to file in hardcopy. It is important that you also send a copy of your request for hearing to this office to the attention of: Survey Branch, Northeast Consortium Division of Survey & Certification, Centers for Medicare and Medicaid Services (CMS), JFK Federal Building, Room 2275, Government Center, Boston, MA 02203. A request for a hearing should identify the specific issues, the findings of fact and the conclusions of law, if applicable, with which you disagree. You may be represented by counsel at a hearing at your own expense.

If you have any questions, please contact Nancy Hannah at (617) 565-1327.

Sincerely,

Lauren D. Reinertsen, M.P.A, Ph.D.
Associate Regional Administrator
Northeast Division, Survey & Certification

Enclosure: Form CMS-2567

cc: State Survey Agency
The Joint Commission

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 000	INITIAL COMMENTS Federal Complaint # ME27914 On May 17-21, 2018, a CMS authorized survey was conducted at Central Maine Medical Center, an Acute Care Hospital, to evaluate compliance with 42 Code of Federal Regulations Part 482, Condition of Participation: Governing Body (§482.12). This survey determined the hospital was not in compliance with 42 Code of Federal Regulations Part 482.12, Condition of Participation: Governing Body. The following requirements have not been met:	A 000		
A 043	GOVERNING BODY CFR(s): 482.12 There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body ... This CONDITION is not met as evidenced by: Based on records reviewed and interviews, the Condition Participation for Governing Body Condition was not met as evidenced by evidnce that hospital officials contacted law enforcement agencies and Emergency Medical Services (EMS) providers advising them not to transport mental health patients to their emergency department, . Findings included: 1. During an interview on May 14, 2018 at approximately 3:19 PM, the Chief Nursing Officer (CNO) reported that she met with the Police	A 043		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 043	Continued From page 1 Chiefs for both cities of Lewiston and Auburn, regarding which hospitals the police transport individuals in custody. The CNO also stated that she met with the local ambulance service to discuss behavioral health patients transported to CMMC (Central Maine Medical Center). The CNO reported several emergency department (ED) physicians had expressed concern regarding psychiatric patients coming to a facility with no psychiatric services. During interviews on May 17-19, 2018, with several Emergency Medical Services providers, it was reported that on arrival at CMMC ED with patients seeking mental health care, the Paramedics reported that the ED staff would question the EMT's decision to transport the patient to CMMC. EMT #1, who manages the local ambulance service, reported that the CNO contacted him regarding mental health patients being transported to CMMC. EMT #1 stated that he advised the CNO that the patient has the right to choose which hospital they are transported to. EMT #2 reported that once on arrival to the CMMC ED, a staff nurse asked, "Why are you taking a mental health patient here?" And when EMS #2 was working for a different ambulance he/she was told to call in by phone and was informed that mental health patients should be transported to a different hospital. EMS #3 reported that a patient had requested transport to CMMC and when the ambulance called in they were advised to divert to the other hospital, since "we don't offer those services." It was reported that the nurse called the Ambulance Officer later and reported that she "messed up." The Director of Security sent an email to the	A 043		

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A 043	Continued From page 2 Androscoggin County Sheriff's Office instructing the Sheriff's Office; "...if someone is in custody and is suicidal or in need of mental health issues that person is to be transported to [other hospital]. CMMC is a trauma center and cannot provide the proper care for mental health." The Director of Security confirmed on May 16, 2018 at approximately 11:00 AM that he did send an email to the Sheriff's Office. The CNO confirmed on May 18, 2018 at approximately 9:05 AM that she had discussed transporting mental health patients with the local ambulance service. 2. Standard: §482.12(a)(5) Medical Staff Accountability also known as A0049 - Based on record reviews and interview, it was determined that the Governing Body failed to assure the quality of patient care determination by Emergency Department (ED) Providers, were based on complete and accurate medical record information provided by contracted providers completing emergency crisis evaluations for 11 of 27 sampled patient records (Patient #2, #5, #6 - 2 records, #7 - 2 records, #9, #12 - 3 records, and #14). See A0049 for details. 3. Standard: §482.12(e) Contracted Services also known as A0083 - Based on record review and interviews, the Governing Body failed to assure through the Quality Assessment and Performance Improvement that contracted services were monitored to identify performance problems and to assure improvement activities are implemented for 1 of 1 Crisis Service contracts reviewed. See A0083 for details.	A 043		

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A 043	Continued From page 3 The cumulative effect of these deficient practices resulted in noncompliance with this Condition of Participation.	A 043		
A 049	MEDICAL STAFF - ACCOUNTABILITY CFR(s): 482.12(a)(5) [The governing body must] ensure that the medical staff is accountable to the governing body for the quality of care provided to patients. This STANDARD is not met as evidenced by: Based on record reviews and interview, it was determined that the Governing Body failed to assure the quality of patient care determination by Emergency Department (ED) Providers, were based on complete and accurate medical record information provided by contracted providers completing emergency crisis evaluations for 11 of 27 sampled patient records (Patient #2, #5, #6 - 2 records, #7 - 2 records, #9, #12 - 3 records, and #14). This finding includes: On May 15, 2018 a request was made for "Complete ED Records" for 27 records chosen from the Emergency Department Log. On receipt of the records, 11 of 27 Emergency Department records reviewed indicated that the records failed to contain a copy of the crisis assessment/evaluation report. - A review of the record for Patient #2 found an ED Physician note, dated 9/20/17 at 9:05 PM, which stated, in part, "Patient was evaluated by crisis who felt the patient was stable for outpatient management. [He/She] has no SI, HI or	A 049		

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A 049	Continued From page 4 confusion or psychosis. [He/She] is able to contract for safety." A further review of the record found that the record failed to contain documentation of the crisis assessment. - A review of the record for Patient #5 found an ED Physician note, dated 10/22/17 at 12:21 PM, which stated, in part, "Seen by Tri-County intervention. Patient has been accepted to Deer Run for respite care ...". A further review of the record found that the record failed to contain documentation of the crisis assessment. - A review of the record for Patient #6 found a ED Physician note, dated 4/06/18 at 12:52 PM, which stated, in part, "The patient became agitated when [community provider] Act Team worker suggested that [he/she] would be OK to go home." The record also contained the following nurse's documentation, dated 4/6/18 at 4:10 PM, "After pt's ACT team member visited and recommended pt be discharged, pt became upset and said [he/she] needs to stay in the hospital ... [ED Physician] spoke to the patient and decided the patient was safe to be discharged with the recommendation from [community provider] Mental Health." A further review of the record found that the record failed to contain documentation of the referenced [community provider] Mental Health assessment and recommendation that patient be discharged. - A review of an additional record for Patient #6 found an ED Provider note, dated 4/26/18 at 7:26 AM, which stated, in part, "Medical Decision Making ... [Patient] was signed out to me pending psychiatric placement following evaluation by [crisis provider]." The record also contained Nursing documentation dated 4/26/18 at 3:26 AM	A 049		

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A 049	Continued From page 5 stating; "0145-[Crisis Provider Agency #2] Representative/councilor at bedside to assess pt." And, "0217- [Crisis Provider Agency #2] Rep. informed me that she will be looking for inpatient, psychiatric care at [other hospital]; no beds available tonight; provider aware." A further review of the record failed to contain documentation of the referenced assessment/evaluation of the patient by [Crisis Provider Agency #2]. - A review of the record for Patient #7 found an ED Provider note, dated 4/10/18 at 4:02 AM, which stated, in part, "[patient] who was signed out to me awaiting evaluation by [Crisis Provider Agency #1] for suicidal ideation ... [He/she] was violent by [Crisis Provider Agency #1] who is seeking an inpatient bed." A further review of the record found nursing documentation, dated 4/11/18 at 1943 (7:43 PM) which stated [Crisis Provider Agency #1] Rep informed me that Pt was accepted to [psychiatric hospital." Additionally; Suicide Precautions Monitoring documentation dated 4/10/18 at 9:31 AM, "Observed Pt Activity: Sitting up in chair, Other: talking with [Crisis Provider Agency #2]". A further review of the record failed to contain documentation of the referenced assessment/evaluation of the patient by Crisis Provider Agency #1 or #2. - A review of an additional record for Patient #7 found an ED Provider note, dated 5/8/18 at 2:45 AM, which stated, in part, "[Patient #7] was seen by [ED Physician] and medically cleared signed out to me awaiting crisis evaluation. This was completed [Patient #7] felt to be appropriate for inpatient care in the process of placement as started." Patient Care Note documented on	A 049		

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A 049	Continued From page 6 5/8/18 at 7:21 AM, "Patient Care Followup: 0721 (7:21 AM) [Crisis Provider Agency #2] arrived to talk with patient ...". A further review of the record found that the record failed to contain documentation of the referenced assessment/evaluation of the patient by crisis provider agency #2. - A review of the record for Patient #9 found an ED Provider note, dated 4/2/18 at 10:54 PM, which stated, in part, "I have asked crisis to see [him/her]. I do not think [he/she] requires acute inpatient hospitalization. Signed out to my colleague pending crisis eval." The ED Provider note, 4/2/18 at 11:45 PM, stated, in part, "Medical Decision Making: [Patient #9] with suicidal ideation without specific plan signed out to me awaiting crisis evaluation." The record also contained Suicide Precautions Monitoring documentation dated 4/3/18 at 3:57 AM, stating, in part, "Observed Pt activity: Lying in bed. Other: talking with [Crisis Provider Agency #1]." A further review of the record found that the record failed to contain documentation of the referenced assessment/evaluation of the patient by [crisis provider agency #1]. - A review of the record for Patient #12 found an ED Provider note, dated 4/27/18 at 1:24 AM, which stated, in part, "Medical Decision Making ... I have also contacted [Crisis Provider Agency #2] for psychiatric evaluation. Crisis evaluation and placement is pending at the end of my shift." A further review of the record found that the record failed to contain documentation of the referenced assessment/evaluation of the patient by [crisis provider agency #2]. - A review of a second record for Patient #12	A 049		

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A 049	Continued From page 7 found an ED Provider note, dated 4/28/18 at 10:54 PM, which stated, in part, "Medical Decision Making ... [Patient #12] here with suicidal ideation with plan although limited means. Patient is currently awaiting psychiatric evaluation." A further review of the record found that the record failed to contain any documentation of the referenced psychiatric evaluation of the patient being performed. - A review of a third record for Patient #12 found an ED Provider note, dated 5/13/18 at 2:55 AM, which stated, in part, "Medical Decision Making ... I spoke with crisis for evaluation for patient's spell polysubstance abuse as well as depression and SI. They evaluated the patient. They recommended inpatient placement ...". The record also contained a patient care note dated 5/13/18 stating, "1530 (3:30 PM) - [Crisis Provider Agency #2] rep speaking with patient at this time. AS RN". A further review of the record found that the record failed to contain documentation of the referenced assessment/evaluation of the patient performed by [crisis provider agency #2]. - A review of the record for Patient #14 found an ED Provider note, dated 1/12/18 at 10:16 PM, which stated, in part, "Medical Decision Making ... Pt met with [Crisis Provider Agency #1] who will seek inpatient treatment". The record also contained Patient Care Note dated 1/13/18 at 9:11 PM stating, in part, "Patient Care Followup: [Crisis Provider Agency #1] Called at this time. Per [Crisis Provider Agency #1] patient will be assessed in the morning. No beds for placement at this time ..." A further review of the record found that the record failed to contain documentation of the referenced assessment/evaluation of the patient performed	A 049		

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A 049	Continued From page 8 by with [Crisis Provider Agency #1]. During an interview with RN #3 on May 15, 2018 at approximately 12:30 PM, it was confirmed that the medical records provided did not all contain documentation of the crisis evaluation, when the record indicated that an evaluation had been performed. RN #3 reported that Medical Record staff were not able to locate the crisis evaluations for several of the requested records, where a crisis evaluation had been documented. RN #3 stated; "We need to monitor getting these reports from crisis". Additionally, RN #3 stated, "[MD #1] noticed the same thing, difficulty getting information from [Crisis Provider Agency #1]. Part of the contract with [Crisis Provider Agency #2] is to assure information is provided."	A 049		
A 083	CONTRACTED SERVICES CFR(s): 482.12(e) The governing body must be responsible for services furnished in the hospital whether or not they are furnished under contracts. The governing body must ensure that a contractor of services (including one for shared services and joint ventures) furnishes services that permit the hospital to comply with all applicable conditions of participation and standards for the contracted services. This STANDARD is not met as evidenced by: Based on record review and interviews, the Governing Body failed to assure through the Quality Assessment and Performance Improvement that contracted services were monitored to identify performance problems and to assure improvement activities are implemented for 1 of 1 Crisis Service contracts reviewed.	A 083		

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A 083	Continued From page 9 The finding includes: A review of the "Crisis Services Agreement" contract that was in effect from August 24, 2016 to May 1, 2018, indicated "Crisis worker will provide the written assessment to the Clinical supervisor at CMMC, or designee. If circumstances prevent crisis worker from completing the written assessment at the time of the interview, crisis worker will fax the assessment to the ... at CMMC." A review of 17 patient records where the record documented a crisis evaluation was done, only 6 records contained a copy of the crisis assessment. The "Clinical Contract Evaluation Form" failed to monitor compliance with providing documentation as required in the contract. This finding was confirmed with the Regulatory Compliance Coordinator and the Covering Compliance Officer on May 21, 2018 at approximately 11:00 AM, who agreed that the hospital was not monitoring the receipt of documents from the crisis provider at that time.	A 083		