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 Portland, Oregon  
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October 17, 2019

Joy Staples, Administrator  
 Lovejoy Surgicenter, Inc  
 933 NW 25th Avenue  
 Portland, OR 97210

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 Lovejoy Surgicenter, Inc  
 933 NW 25th Avenue  
 Portland, OR 97210

10/18/19

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Dear Ms. Staples:

Based on the findings of the Medicare recertification survey completed on June 20, 2019 it was determined that Lovejoy Surgicenter, Inc was out of compliance with the following Medicare Conditions for Coverage:

- Fed - Q - 0040 - 416.41 - Governing Body And Management
- Fed - Q - 0100 - 416.44 - Environment
- Fed - Q - 0101 - 416.44(a)(1) - Physical Environment

On 10/17/2019, a follow-up survey was conducted to validate that the Allegation of Compliance had been implemented by the facility and that the facility was back in compliance with the Conditions for Coverage. Based on this survey, it was determined that Lovejoy Surgicenter, Inc continued to be out of compliance with the following Medicare Condition for Coverage:

- Fed - Q - 0100 - 416.44 - Environment
- Fed - Q - 0101 - 416.44(a)(1) - Physical Environment

In order to participate as a provider or supplier of services in the Medicare program, a provider or supplier must maintain compliance with all Conditions of Participation or Condition for Coverage established by the Federal Secretary of Health and Human Services. The deficiencies that resulted in non-compliance with these Conditions, substantially limit the capacity of Lovejoy Surgicenter, Inc to furnish services of an adequate level of quality. Therefore, it has been determined that the facility's Medicare provider agreement continues to be at risk of termination by the Centers for Medicare and Medicaid Services (CMS).

You have one more opportunity to correct the Condition-level deficiency and to submit a Plan of Correction and Allegation of Compliance which reflects the

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facility's corrections. Failure to correct the Condition-level deficiency will result in termination of your Medicare provider agreement by the previously approved termination date of 11/01/19. Please note that CMS is required to publish a public notice of termination at least fifteen (15) days before the effective date of termination.

The enclosed Statement of Deficiencies reflects the Condition-level deficiency cited at tag numbers Q 100.

**Within ten (10) calendar days of receipt of this letter you must submit to this office a written Plan of Correction and Allegation of Compliance to address the deficiency.** It must reflect the elements of the Plan of Correction as outlined in numbers 1 through 4 below and resolution for the Condition-level deficiency. It must be credible and realistic in terms that the corrective action(s) will be accomplished between the survey exit date and the date(s) that you are alleging you will be in compliance. The date(s) you are alleging to be in compliance with each Condition-level deficiency must be no later than twelve (12) calendar days from the survey exit date which is October 29, 2019. This is to ensure that an unannounced, onsite revisit by this office can be scheduled and conducted within fifteen (15) calendar days from the survey exit date to confirm that the Condition-level deficiency has been corrected.

If you fail to submit a written Plan of Correction and Allegation of Compliance as required, we will assume that you have not made the corrections. Failure to correct the Condition-level deficiency and achieve compliance will result in a recommendation by this office that CMS terminate the facility's Medicare provider agreement.

The Plan of Correction required above must also include the following information for each of the standard-level deficiencies cited:

1. The plan for correcting the specific deficiency. The plan should include specific corrective actions and should address the processes that caused or contributed to the deficient practice;
2. The procedure(s) for implementing the plan for the specific deficiency;
3. The monitoring procedure(s) to ensure the plan of correction for the specific deficiency is effective in achieving and maintaining compliance with the regulatory requirements;
4. The title of the person designated as responsible for implementing the

plan for the specific deficiency; and

5. The completion date for correction of each deficiency cited. Although each deficiency should be corrected as soon as reasonably possible, the correction date may be up to twelve (12) days from the survey exit date. Permission to take longer than twelve (12) days to correct deficiencies requiring major construction or remodeling may be granted by this office. As request for such an extension must be submitted in writing and accompany the plan of correction.

Please note that the administrator's signature and the date signed must be recorded on Page 1 of the Statement of Deficiencies/Plan of Correction form, CMS-2567.

Thank you for your prompt attention to this matter. If you have any questions, please feel free to call the office at (971) 673-0540.

Sincerely,



Lacey Martinez, Registered Nurse  
Client Care Surveyor  
CMS Representative  
Oregon Health Authority  
Public Health Division  
Health Care Regulation and Quality Improvement

Enclosures

*If you need this information in an alternate format, please call our office at  
(971) 673-0540 or TTY 711*