



Health Care Regi  
800 NE Oregon S  
Portland, Oregon  
971-673-0540  
971-673-0556 (Fa

June 27, 2019

Certified Mail Return Recei

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

38C0001000

Dear Ms. Staples:

As a result of the onsite Medicare recertification survey completed on June 20, 2019 it was determined that Lovejoy Surgicenter, Inc was out of compliance with the following Ambulatory Surgery Centers 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~~

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 for Coverage established by the Federal Secretary of Health and Human Services. The deficiencies that resulted in non-compliance with these Conditions, substantially limits 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 is at risk of termination by the Centers for Medicare and Medicaid Services (CMS).

You have an opportunity to correct the Condition-level deficiencies and to submit a Plan of Correction and Allegation of Compliance which reflects the facility's corrections. Failure to correct those Condition-level deficiencies will result in termination of your Medicare provider agreement ninety (90) calendar days from the survey exit date which is September 18, 2019. Please note that

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*6/28/19*  
*[Signature]*

Sent To Joy Staples, Administrator

Street and Apt. No., or Lovejoy Surgicenter, Inc.

City, State, ZIP+4® 933 NW 25th Avenue  
Portland, OR 97210

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

7017 0530 0000 0000 7725 2567

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, CMS 2567, reflects the Condition-level deficiencies cited at tag numbers: Q 040, Q 100, E 006, K 291, K 323, K 353, K 712, and K 918.

**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 those deficiencies.** It must reflect the elements of the Plan of Correction as outlined in numbers 1 through 4 below and resolution for each 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 thirty (30) calendar days from the survey exit date which is July 20, 2019. This is to ensure that an unannounced, onsite revisit by this office can be scheduled and conducted within forty-five (45) calendar days from the survey exit date to confirm that the Condition-level deficiencies have 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 deficiencies and achieve compliance will result in a recommendation by this office that CMS terminate the facility's Medicare provider agreement.

The enclosed Statement of Deficiencies, CMS 2567, also includes standard-level deficiencies cited at tag numbers:

Fed - Q - 0083 - 416.43(d) - Performance Improvement Projects  
Fed - Q - 0141 - 416.46(a) - Organization And Staffing

The enclosed Statement of Deficiencies, State Form, also includes State licensing deficiencies cited at tag number:

St - B - 0026 - Oar 333-076-0125(7) - Performance Evaluation

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 sixty (60) days from the survey exit date. Permission to take longer than sixty (60) 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, RN  
Client Care Surveyor  
CMS Representative  
Oregon Health Authority  
Public Health Division  
Health Care Regulation and Quality Improvement

Enclosure(s)

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