

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Room 827
Dallas, Texas 75202



DIVISION OF SURVEY AND CERTIFICATION, REGION VI

May 29, 2015

Our Reference: CCN 454081

Shelah A. Adams, CEO
Timberlawn Mental Health System
4600 Samuell Blvd
Dallas, TX 75315

Dear Ms. Adams:

In our letter of March 5, 2015, we notified you that Timberlawn Mental Health System had been found out of compliance with the Medicare Conditions of Participation. We requested and received acceptable plans of correction from you. The Texas Department of State Health Services (DSHS) along with the Federal surveyors conducted a full Medicare survey of your facility on April 22, 2015, and complaint surveys were conducted on May 1, 2015, and May 13, 2015. We have reviewed the survey reports and determined that Timberlawn Mental Health System remains out of compliance with the following Medicare Conditions of Participation:

- 42 CFR 482.13 Patient Rights**
- 42 CFR 482.21 QAPI**
- 42 CFR 482.23 Nursing Services**
- 42 CFR 482.61 Special Medical Record Requirements for Psych Hospitals**
- 42 CFR 482.62 Special Staff Requirements for Psych Hospitals**

The deficiencies have been determined to be of such a serious nature as to substantially limit your hospital's capacity to render adequate care and prevent it from being in compliance with all the Conditions of Participation for hospitals. Medicare participating hospitals are expected to remain in full compliance with all Medicare Conditions of Participation at all times. Consequently, we plan to continue the termination action against Timberlawn Mental Health System.

The date on which your hospital's Medicare agreement terminates has been extended to **July 13, 2015**. The Centers for Medicare & Medicaid Services (CMS) will continue to monitor your progress in correcting the deficiencies cited. A listing of deficiencies for all the surveys is enclosed for your response.

You must send acceptable plans of correction to **Marsha Wall, Texas Department of State Health Services, via email at Marsha.Wall@dshs.state.tx.us by June 8, 2015**, in order to ensure a timely revisit.

The completion date for your corrective action can be no later than **June 18, 2015**. Failure to respond will result in your termination from the Medicare program effective **July 13, 2015**.

A final revisit by the DSHS and Federal surveyors will be made before the termination date to assess your compliance status with the applicable Medicare Conditions of Participation. Compliance with all applicable Conditions of Participation must be achieved at the time of this revisit if termination is to be avoided. If survey findings show continued noncompliance with one or more applicable Conditions of Participation at the time of this revisit, you can expect to receive a letter advising you of the termination of your hospital from the Medicare program and appeal rights. **No further revisits will be authorized at that time.** In addition, notice will be made advising the public of your termination from the Medicare program. Please be advised that, under Medicare, a provider is not entitled to a formal hearing before termination, but only after adverse action actually takes place.

If you have any questions, please contact Dodjie Guioa at 214-767-6179 or via email at dodjie.guioa@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Ginger Odle, Manager".

Ginger Odle, Manager
Enforcement Branch

Enclosure: Form CMS-2567

cc: Accrediting Organization, DSHS