



### **Medicare and Medicaid Notice to the Public**

Notice is hereby given that on April 14, 2022 the Centers for Medicare & Medicaid Services (CMS) will terminate the agreement between the Secretary of Health and Human Services and Laguna Honda Hospital & Rehabilitation Ctr DP SNF, San Francisco, California as a skilled nursing facility in the Medicare program. In addition, as authorized by the California State Medicaid Agency, notice is given that the provider's agreement as a nursing facility in the Medicaid program will also be terminated effective April 14, 2022.

CMS has determined that Laguna Honda Hospital & Rehabilitation Ctr DP SNF has failed to attain substantial compliance with the following Medicare and Medicaid participation requirements:

- 42 CFR §483.20 – Resident Assessments
- 42 CFR §483.21 – Comprehensive Resident Centered Care Plans
- 42 CFR §483.25 – Quality of Care
- 42 CFR §483.45 – Pharmacy Services
- 42 CFR §483.70 – Administration

The Medicare program will not make payment for skilled nursing facility services furnished to residents admitted to the facility on or after January 14, 2022. For residents admitted prior to January 14, 2022, payment may continue on or after April 14, 2022, the date of termination to allow for the safe and orderly transition.

In addition, Federal Financial Participation will not be available to the State for any Medicaid residents admitted to the facility on or after January 14, 2022. For Medicaid residents admitted prior to January 14, 2022, Federal Financial Participation may continue to be made to the State to qualified residents furnished on or after April 14, 2022, the date of termination to allow for the safe and orderly transition of residents. CMS is exercising a rare use of discretion under our authority 42 C.F.R. § 489.55(b) to provide for a transition period following the termination for the facility closure process should the facility elect to submit a notification of closure under § 483.70(l).

This action is mandated by Sections 1819(h)(2)(C) of the Social Security Act and Federal regulations at 42 CFR §488.412 and 488.456. If the provider demonstrates substantial compliance with all CMS requirements, and a revisit survey confirms substantial compliance, prior to April 14, 2022, the provider will remain active in the Medicare Program and CMS will not terminate their provider agreement.

Stephanie Magill, Acting Branch Manager  
San Francisco Survey & Enforcement Division  
Survey & Operations Group