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

Notice is hereby given that on December 15, 2021 the Centers for Medicare & Medicaid Services (CMS) will terminate the agreement between the Secretary of Health and Human Services and City View Multicare Center Cicero, IL as a skilled nursing facility in the Medicare program. In addition, as authorized by the Illinois Department of Public Health (IDPH), notice is given that the provider's agreement as a nursing facility in the Medicaid program will also be terminated effective December 15, 2021.

CMS has determined that City View Multicare Center has failed to attain substantial compliance with the following Medicare and Medicaid participation requirements:

- 42 CFR 483.12 – Freedom from Abuse, Neglect, and Exploitation
- 42 CFR 483.10 – Resident Rights
- 42 CFR 483.20 – Accurate Assessments
- 42 CFR 483.21 – Develop/Implement Comprehensive Care Plans
- 42 CFR 483.24 – ADL Care Provided for Dependent Residents
- 42 CFR 483.25 – Quality of Care
- 42 CFR 483.35 – Nursing Services
- 42 CFR 483.45 – Pharmacy Services
- 42 CFR 483.60 – Food and Nutrition Services
- 42 CFR 483.70 – Administration
- 42 CFR 483.80 – Infection Control

The Medicare program will not make payment for skilled nursing facility services furnished to residents admitted to the facility on or after July 15, 2021. For residents admitted prior to July 15, 2021, payment may continue to be made for up to 30 days of services on or after December 15, 2021, the date of termination.

In addition, Federal Financial Participation will not be available to the State for any Medicaid residents admitted to the facility on or after July 15, 2021. For Medicaid residents admitted prior to that date, Federal Financial Participation may continue to be made to the State for up to 30 days of covered services to qualified residents furnished on or after December 15, 2021, the date of termination.

This action is mandated by Section 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 December 15, 2021, the provider will remain active in the Medicare Program and CMS will not terminate their provider agreement.