



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Termination Notice

Notice is hereby given that on May 10, 2022, the Centers for Medicare & Medicaid Services (CMS) will terminate the agreement between the Secretary of Health and Human Services and St. Francis of Bellingham, Bellingham, Washington as a skilled nursing facility in the Medicare program. In addition, as authorized by the State Medicaid Agency, notice is given that the provider's agreement as a nursing facility in the Medicaid program will also be terminated effective May 10, 2022.

CMS has determined that St. Francis of Bellingham has failed to attain substantial compliance with the following Medicare and Medicaid participation requirements:

- 42 CFR 483.10 – Residents Rights
- 42 CFR 483.12 – Freedom from Abuse, Neglect, and Exploitation
- 42 CFR 483.15 – Admission, Transfer, and Discharge
- 42 CFR 483.20 – Resident Assessments
- 42 CFR 483.21 – Comprehensive Resident Centered Care Plans
- 42 CFR 483.24 – Quality of Life
- 42 CFR 483.25 – Quality of Care
- 42 CFR 483.35 – Nursing Services
- 42 CFR 483.40 – Behavioral Health Services
- 42 CFR 483.45 – Pharmacy Services
- 42 CFR 483.50 – Laboratory, Radiology, and Other Diagnostic Services
- 42 CFR 483.70 – Administration
- 42 CFR 483.80 – Infection Control
- 42 CFR 483.90 – Physical Environment

The Medicare program will not make payment for skilled nursing facility services furnished to residents admitted to the facility on or after December 23, 2021. For residents admitted prior to December 23, 2021, payment may continue for up to 30 days of services on or after May 10, 2022, 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 December 23, 2021. For Medicaid residents admitted prior to December 23, 2021, 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 May 10, 2022, the date of termination.

This action is mandated 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 May 10, 2022, the provider will remain active in the Medicare Program and CMS will not terminate their provider agreement.

Stephanie Magill
Acting Manager Long Term Care Branch 2
San Francisco Survey & Enforcement Division
Survey & Operations Group