



Medicare and Medicaid Notice to the Public

Notice is hereby given that on June 13, 2023, the Centers for Medicare & Medicaid Services (CMS) will terminate the agreement between the Secretary of Health and Human Services and Solivita of Echo Manor, Pickerington, OH, as a skilled nursing facility in the Medicare program. In addition, as authorized by the Ohio Department of Medicaid, notice is given that the provider's agreement as a nursing facility in the Medicaid program will be terminated effective June 13, 2023.

CMS has determined that Solivita of Echo Manor has failed to attain substantial compliance with the following Medicare and Medicaid participation requirements:

- 42 C.F.R. § -- 483.12(a)(1) -- Free from Involuntary Seclusion
- 42 C.F.R. § -- 483.25 -- Quality of Care
- 42 C.F.R. § -- 483.25(g)(1)-(3) -- Nutrition/hydration Status Maintenance
- 42 C.F.R. § -- 483.60(c)(1)-(7) -- Menus Meet Resident Nds/prep In Adv/followed
- 42 C.F.R. § -- 483.10(g)(14)(i)-(iv)(15) -- Notify of Changes (injury/decline/room, Etc.)
- 42 C.F.R. § -- 483.21(a)(1)-(3) -- Baseline Care Plan
- 42 C.F.R. § -- 483.25 -- Quality of Care
- 42 C.F.R. § -- 483.25(g)(1)-(3) -- Nutrition/hydration Status Maintenance
- 42 C.F.R. § -- 483.25(l) -- Dialysis
- 42 C.F.R. § -- 483.35(a)(1)(2) -- Sufficient Nursing Staff
- 42 C.F.R. § -- 483.60(a)(1)(2) -- Qualified Dietary Staff
- 42 C.F.R. § -- 483.60(d)(1)(2) -- Nutritive Value/appear, Palatable/prefer Temp
- 42 C.F.R. § -- 483.70 -- Administration
- 42 C.F.R. § -- 483.10(g)(6)-(9) -- Right to Forms of Communication W/ Privacy
- 42 C.F.R. § -- 483.10(c)(6)(8)(g)(12)(i)-(v) -- Request/refuse/Dscntnue Trmmt; formlte Adv Dir
- 42 C.F.R. § -- 483.20(e)(1)(2) -- Coordination of PASARR And Assessments
- 42 C.F.R. § -- 483.20(k)(4) -- Md/Id Significant Change Notification
- 42 C.F.R. § -- 483.21(b)(1)(3) -- Develop/implement Comprehensive Care Plan
- 42 C.F.R. § -- 483.21(b)(2)(i)-(iii) -- Care Plan Timing and Revision
- 42 C.F.R. § -- 483.24(a)(2) -- ADL Care Provided for Dependent Residents
- 42 C.F.R. § -- 483.24(c)(1) -- Activities Meet Interest/needs Each Resident
- 42 C.F.R. § -- 483.25(d)(1)(2) -- Free of Accident Hazards/supervision/devices
- 42 C.F.R. § -- 483.25(e)(1)-(3) -- Bowel/bladder Incontinence, Catheter, UTI
- 42 C.F.R. § -- 483.25(g)(1)-(3) -- Nutrition/hydration Status Maintenance
- 42 C.F.R. § -- 483.25(i) -- Respiratory/tracheostomy Care and Suctioning
- 42 C.F.R. § -- 483.25(k) -- Pain Management
- 42 C.F.R. § -- 483.45(c)(1)(2)(4)(5) -- Drug Regimen Review, Report Irregular, Act On
- 42 C.F.R. § -- 483.45(d)(1)-(6) -- Drug Regimen Is Free from Unnecessary Drugs
- 42 C.F.R. § -- 483.45(c)(3)(e)(1)-(5) -- Free from Unnec Psychotropic Meds/PRN Use
- 42 C.F.R. § -- 483.45(g)(h)(1)(2) -- Label/store Drugs and Biologicals
- 42 C.F.R. § -- 483.50(a)(2)(i)(ii) -- Lab Srves Physician Order/notify Of Results
- 42 C.F.R. § -- 483.60(c)(1)-(7) -- Menus Meet Resident Nds/prep In Adv/followed
- 42 C.F.R. § -- 483.60(i)(1)(2) -- Food Procurement, Store/Prepare/Serve-Sanitary

42 C.F.R. § -- 483.20(f)(5), 483.70(i)(1)-(5) -- Resident Records - Identifiable Information
42 C.F.R. § -- 483.75(g)(1)(i)-(iii)(2)(i); 483.80(c) -- QAA Committee
42 C.F.R. § -- 483.80(a)(1)(2)(4)(e)(f) -- Infection Prevention & Control
42 C.F.R. § -- 483.90(d)(2) -- Essential Equipment, Safe Operating Condition
42 C.F.R. § -- 483.90(i) -- Safe/Functional/Sanitary/Comfortable Environment
NFPA 101 – Life Safety Code Requirements

The Medicare program will not make payment for skilled nursing facility services furnished to residents admitted to the facility on or after March 2, 2023. This date is due to a previously imposed denial of payment for new admissions. For residents admitted prior to March 2, 2023, payment may continue to be made for up to 30 days of services after June 13, 2023, 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 March 2, 2023. For Medicaid residents admitted prior to March 2, 2023, 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 June 13, 2023, the date of termination.

This action is mandated by Section 1819(h)(2)(C) and 1919(h)(3)(D) 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 June 13, 2023, the provider will remain active in the Medicare Program and CMS will not terminate their provider agreement.