

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Western Division of Survey and Certification  
San Francisco Regional Office  
90 7<sup>th</sup> Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6707  
(415) 744-3696



August 31, 2015

**CMS Certification Number: 03-4021**

Aaron Bowen, CEO  
Arizona State Hospital  
2500 East Van Buren Street  
Phoenix, AZ 85008

Dear Mr. Bowen:

The Centers for Medicare & Medicaid Services (CMS) has determined that Arizona State Hospital now meets all Medicare Conditions of Participation (CoPs) for a provider of hospital services and therefore, this office will not proceed with a termination action. The authority for this decision is found at 42 C.F.R. § 498.20-498.25.

The July 24, 2015 survey completed by the Arizona Department of Health Services (AZ-DHS) determined that the hospital has demonstrated compliance with the Medicare Conditions of Participation.

Therefore, effective the date of this letter, we are removing your facility from the AZ-DHS survey jurisdiction and restoring your facility's deemed status, based on your continued deemed status/accreditation by the Joint Commission. While the survey found compliance with the Medicare CoPs, there are standard level deficiencies cited. The enclosed Statement of Deficiencies (CMS-2567) documents the findings of the health survey.

Since your hospital has been determined to be in compliance with the CoPs, you are not required to submit a plan of correction for any of the standard level survey deficiencies cited for this health survey. Moreover, under Federal disclosure rules a copy of the findings of this Medicare survey may be publicly disclosed within 90 days of the completion. You may therefore wish to submit for public disclosure, your comments on the survey findings, and any plans you may have for correcting the cited deficiencies.

Should you choose to submit a plan for correction, the evidence of correction is to be entered on the right side of Form CMS-2567, opposite the deficiency, and must be signed and dated by the an authorized official. Please submit your evidence of correction to this San Francisco office **and** the AZ-DHS office by close of business, within ten days of receipt of this letter.

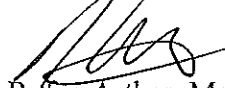
The evidence of correction of each item must contain the following:

1. How the correction was accomplished, both temporarily and permanently, including any system changes that were made.
2. The title or position of the person responsible for correction, i.e., Administrator, Director of Nursing or other responsible supervisory personnel.
3. A description of the monitoring process to prevent recurrences of the deficiency, the frequency of the monitoring and the individual(s) responsible for the monitoring.
4. The date when correction of the deficiency was accomplished.

We have forwarded a copy of this letter and the findings from this survey to the Joint Commssion for its review. Copies of this letter are being sent to the AZ-DHS.

If you have any questions about this matter, please contact Gina Brown of my staff at 415-744-2931.

Sincerely,



Rufus Arther, Manager  
Non-Long Term Care Survey, Certification  
& Enforcement Branch

Enclosure