DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Midwest Division of Survey and Certification Chicago Regional Office 233 North Michigan Avenue, Suite 600 Chicago, IL 60601-5519



Medicare and Medicaid Notice to the Public

Notice is hereby given that on August 9, 2022, the Centers for Medicare & Medicaid Services (CMS) will terminate the agreement between the Secretary of Health and Human Services and Oakridge Manor Nursing and Rehab, Ferndale, Michigan as a skilled nursing facility in the Medicare program. In addition, as authorized by the Michigan Department of Health & Human Services, notice is given that the provider's agreement as a nursing facility in the Medicaid program will also be terminated effective August 9, 2022.

CMS has determined that Oakridge Manor Nursing and Rehab has failed to attain substantial compliance with the following Medicare and Medicaid participation requirements:

- 42 CFR 483.10 Resident Rights
- 42 CFR 483.35 Nursing Services
- 42 CFR 483.60 Food Safety Requirements/Dispose of Garbage Properly
- 42 CFR 483.75 Quality Assurance and Performance Improvement
- 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 May 11, 2022. This date is due to a previously imposed denial of payment for new admissions. For residents admitted prior to May 11, 2022, payment may continue to be made for up to 30 days of services after August 9, 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 May 11, 2022. For Medicaid residents admitted prior to May 11, 2022, 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 August 9, 2022, 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 August 9, 2022, the provider will remain active in the Medicare Program and CMS will not terminate their provider agreement.