State of California—Health and Human Services Agency
California Department of Public Health

KAREN L. SMITH, MD, MPH
Director and State Health Officer

EDMUND G. BROWN JR.
Governor

August 3, 2015

IMPORTANT NOTICE - PLEASE READ CAREFULLY

CCN: 05-G022

Ms. Cheryl Bright, Administrator
Fairview Developmental Center D/P ICF/IID
2501 Harbor Boulevard
Costa Mesa, CA 92626-6143

Dear Ms. Bright:

The California Department of Public Health, Licensing and Certification (CDPH-L&C), State Facilities Section completed a survey at Fairview Developmental Center D/P ICF/IID (FDC) on July 1, 2015. The survey revealed that FDC did not meet the following Conditions of Participation:

42 C.F.R. § 483.410 Governing Body and Management
42 C.F.R. § 483.420 Client Protections
42 C.F.R. § 483.440 Active Treatment Services

Based on the results of the July 1, 2015 survey, hereby made a part of this notice, the CDPH-L&C, Provider Certification Unit has determined that FDC does not meet the requirements for participation in the Medi-Cal program as an intermediate care facility for individuals with intellectual disabilities. CMS, in validating CDPH's certification of noncompliance, has instructed CDPH to terminate FDC's Medicaid provider agreement. Pursuant to CMS's instructions, we are terminating FDC's Medicaid provider agreement effective November 1, 2015.

CMS has specified that payment for inpatient Medi-Cal beneficiaries admitted prior to the effective date of termination will end on December 1, 2015, 30 days from the effective date of termination.

You have the right to appeal this action by requesting an evidentiary hearing.

Appeal Rights

You have the right to request an evidentiary hearing before an administrative law judge. A written request for a hearing must be received no later than **60 days** after the date this letter is received. We recommend that your request be sent via certified mail with return receipt requested to:

Mr. John Dexter, Chief
California Department of Public Health
Licensing and Certification Program
Provider Certification Unit
MS 3100
P. O. Box 997377
Sacramento, CA 95899-7377

If you have any questions, contact Paul Romero Certification Specialist, at (916) 552-8678.

Sincerely,

Jean Iacino
Deputy Director

cc: See Next Page

cc: California Department of Developmental Services, Licensee
1600 9th Street, Room 340
Sacramento, CA 95814

Mr. Shelton Dent
California Department of Developmental Services
Community Living Section
1600 9th Street, Room 320, Mail Stop 3-10
Sacramento, CA 95814

California Department of Developmental Services
Director's Office
1600 9th Street, MS 2-13
P.O. Box 944202
Sacramento, CA 94244-2020

Mr. Dwayne LaFon
Deputy Director
Developmental Centers Division
California Department of Developmental Services
1600 Ninth Street, Room 360, MS 3-17
Sacramento, CA 95814

Ms. Jeanie Thurston
Acting Chief
Health and Direct Care Services Section
Developmental Centers Division
California Department of Developmental Services
1600 Ninth Street, Room 340, MS 3-17
Sacramento, CA 95814

Assistant Deputy Director
Administrative Operations
Developmental Centers Division
California Department of Developmental Services
1600 Ninth Street, Room 340, MS 3-15
Sacramento, CA 95814

Ms. Caroline Castaneda
Branch Chief
Financial Services Branch
California Department of Developmental Services
1600 Ninth Street, Room 206, MS 2-9
P.O. Box 944202
Sacramento, CA 94244-2020

cc: Ms. Gloria Contreras-Chipman
Section Chief
Client Financial Services Section
California Department of Developmental Services
1600 Ninth Street, Room 206
P.O. Box 944202
Sacramento, CA 94244-2020

Mr. Steven Chickering
Associate Regional Administrator
Centers for Medicare and Medicaid Services
Western Division of Survey and Certification
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706

Ms. Paula Perse, Manager
Long Term Care Survey, Certification and Enforcement Branch
Centers for Medicare and Medicaid Services
Western Division of Survey and Certification
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706

Ms. Lea Ann Reseigne
District Administrator
State Facilities Unit - Southern Region
California Department of Public Health
Licensing and Certification Program
MS 3603
625 East Carnegie Drive, Suite 280
San Bernardino, CA 92408

Colleen Reeves, HFEM II, CFI-1, RN
State Facilities Unit
California Department of Public Health
Licensing and Certification Program
MS 3603
625 East Carnegie Drive, Suite 280
San Bernardino, CA 92408

Mr. Scott Vivona
Assistant Deputy Director
California Department of Public Health
Center for Health Care Quality
MS 0512
1615 Capitol Avenue
P.O. Box 997377
Sacramento, CA 95899-7377

cc: Mr. Michael Egstad, Chief
Region IV - Field Operations Branch
California Department of Public Health
Center for Health Care Quality
MS 3001
1615 Capitol Avenue
P.O. Box 997377
Sacramento, CA 95899-7377

Mr. Eric Morikawa, Chief
Field Operations Branch - Region II
California Department of Public Health
Center for Health Care Quality
MS 3001
1615 Capitol Avenue
P.O. Box 997377
Sacramento, CA 95899-7377

Ms. Marian DeMeire, HFEMII, Chief, CF-I-1
Life Safety Code Unit
California Department of Public Health
Center for Health Care Quality
MS 3604
681 South Parker Street, Suite 200
Orange, CA 92868-4719

Ms. Cheryl Gordon, Chief
Policy and Enforcement Branch
California Department of Public Health
Center for Health Care Quality
MS 3201
1615 Capitol Avenue
P.O. Box 997377
Sacramento, CA 95899-7377

Ms. Belinda Whitsett
Assistant Chief Counsel
Office of Legal Services
Licensing and Regulatory Enforcement Unit
California Department of Public Health
MS 0506
1415 L Street, 5th Floor
P.O. Box 997377
Sacramento, CA 95899-7377

cc: Ms. Carrie Camarena
Senior Counsel
Office of Legal Services
Licensing and Regulatory Enforcement Unit
California Department of Public Health
MS 0506
1415 L Street, 5th Floor
P.O. Box 997377
Sacramento, CA 95899-7377

Long Term Care Team
Long Term Care Department
CalOptima
505 City Parkway West
Orange, CA 92868

Regional Center of Orange County
1525 North Tustin Avenue
Santa Ana, CA 92705

Ms. Tanya L. Homman, Chief
Department of Health Care Services
Provider Enrollment Division
MS 4704
1501 Capitol Avenue
P.O. Box 942732
Sacramento, CA 94234-7320