DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services CMS-Chicago, Survey & Operations Group John C. Kluczynski Federal Building 230 South Dearborn Street, Suite 3370 Chicago, IL 60604-1505



Medicare and Medicaid Notice to the Public

Notice is hereby given that on April 18, 2024, the Centers for Medicare & Medicaid Services (CMS) will terminate the agreement between the Secretary of Health and Human Services and St Anthony's Nursing & Rehab Center, Rock Island, IL, as a skilled nursing facility in the Medicare program. In addition, as authorized by the Illinois Department of Medicaid, notice is given that the provider's agreement as a nursing facility in the Medicaid program will be terminated effective April 18, 2024.

CMS has determined that St Anthony's Nursing & Rehab Center has failed to attain substantial compliance with the following Medicare and Medicaid participation requirements:

- 42 CFR 483.25 Quality of Care
- 483.10 Resident Rights
- 483.45 Pharmacy Services
- 42 CFR 483.80 Infection Control

The Medicare program will not make payment for skilled nursing facility services furnished to residents admitted to the facility on or after November 29, 2023. This date is due to a previously imposed denial of payment for new admissions. For residents admitted prior to November 29, 2023, payment may continue to be made for up to 30 days of services after April 18, 2024, 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 November 29, 2023. For Medicaid residents admitted prior to November 29, 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 April 18, 2024, 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 April 18, 2024, the provider will remain active in the Medicare Program and CMS will not terminate their provider agreement.