

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Philadelphia Regional Office
Suite 216, The Public Ledger Building
150 S. Independence Mall, West
Philadelphia, PA 19106-3413



Northeast Division of Survey & Certification

July 9, 2013

Ms. Victoria Bayless, Administrator
Anne Arundel Medical Center
2001 Medical Parkway
Annapolis, MD 21401

Dear Ms Bayless:

Re: CMS Certification Number: 210023

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Based on the results of the Maryland Office of Health Care Quality survey that ended on July 2, 2013, we find that Anne Arundel Medical Center is now in compliance with all of the Medicare Conditions of Participation.

Anne Arundel Medical Center can again be recognized as meeting Medicare requirements by virtue of its accreditation by the Joint Commission (JC). The hospital's "deemed status" has been restored as of the date of this letter.

We appreciate your efforts and the steps taken to correct the Medicare deficiencies cited by the Maryland Office of Health Care Quality. We thank you for your cooperation, and look forward to working with you on a continuing basis in the administration of the Medicare program.

Sincerely,

A handwritten signature in black ink, appearing to read "Pat McNeal". The signature is fluid and cursive, with a large loop at the beginning and a long, sweeping underline.

Pat McNeal
Principal State Representative
Certification and Enforcement Branch



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

June 25, 2004

Caroline Rader
Corporate Compliance Officer
Anne Arundel Medical Center
2001 Medical Parkway
Annapolis, Maryland 21401

Re: Corporate Integrity Agreement – Close Out Letter

Dear Ms. Rader:

Anne Arundel Medical Center, (Medical Center) entered into a Corporate Integrity Agreement (CIA) with the Office of Inspector General (OIG) of the Department of Health and Human Services on April 29, 1999. The CIA required the establishment of a Corporate Integrity Program (compliance program) to be in effect for five years from the date of the execution of the CIA and obligated the Medical Center to implement certain corporate integrity provisions (e.g., training, writing policies, audits, etc.) during that time period. Pursuant to the terms of this CIA, the five years have expired and the corporate integrity provisions have been fulfilled.

During the term of its corporate integrity requirements, the Medical Center submitted annual reports to the OIG summarizing the status of their compliance program that appeared to meet the basic requirements of the CIA. The OIG has completed its review of your most recently submitted annual report and found that it satisfied all the basic requirements of the CIA. The OIG recognizes that once our monitoring obligations cease, the Medical Center is under no obligation to maintain its compliance program in its current structure. However, the OIG encourages the Medical Center to continue its current compliance efforts as structured and if possible, expand the resources and presence of its compliance program as the Medical Center continues to develop and mature into a major regional health institution. Although the Medical Center appears to have implemented an efficient compliance program over the last five years, your organization is in the best position to validate the legitimacy, integrity and suitability of its effectiveness.

Page 2 - Caroline Rader

The OIG cannot equivocally confirm that such reports demonstrated that the Medical Center implemented an effective compliance program. It is a health care provider's responsibility to formulate policies, procedures and practices that are tailored to its own operations and demands, and that are comprehensive enough to ensure compliance with all Federal and State health care program requirements.

Although the terms for the Medical Center's corporate integrity obligations have concluded, you should be aware that the OIG may find it necessary to make further inquiries into your claim submissions and if necessary, take corrective action should it discover at a subsequent time that (1) there were potential material violations with regard to the Medical Center's compliance with the terms of its corporate integrity program during the life of the CIA, or (2) the information provided to the OIG in the Medical Center's annual reports was material inaccurate.

At the next monthly update, the Medical Center will be removed from the OIG's List of Settlement Agreements with Integrity provisions on the OIG's website. The OIG makes no representations in this letter as to the Medical Center's compliance practice that may be subject to ongoing investigations. Furthermore, our comments do not reflect our assessments of any legal claims made against the Medical Center.

Please feel free to contact me at 202-619-2580 if you have any questions:-

Respectfully,



Stephen H. Davis
Office of Counsel to the Inspector General



Joint Commission
on Accreditation of Healthcare Organizations
Setting the Standard for Quality in Health Care

*file
JCAHO
accreditation*

March 11, 2004

Martin L. Doordan
President and CEO
Anne Arundel Medical Center
2001 Medical Parkway
Annapolis, Maryland 21401

Dear Mr. Doordan:

The Joint Commission is pleased to inform you that your organization's Conditional Accreditation status will be updated to Accredited based on the results of your recently completed follow-up survey. This accreditation status applies to all services offered by your organization that have been surveyed by the Joint Commission.

Your accreditation remains effective from the day after the last day of your original survey and will be continued for the balance of your current accreditation cycle.

We direct your attention to several Joint Commission policies relating to accreditation. Joint Commission policy requires that you inform us of any changes in the name or ownership of your organization, or the health care services you provide. Any other reports or focused survey visits concerning other type I recommendations related to your accreditation award must also be satisfied in order to maintain your accreditation.

We wish to advise you that a copy of this correspondence, including the integral enclosures, is being provided to the Centers for Medicare and Medicaid Services. This information-sharing arrangement was created by Section 6019(a) of the Omnibus Budget Reconciliation Act of 1989, (PL 101-239) which requires hospitals using their Joint Commission accreditation for Medicare certification purposes to authorize Joint Commission release of a copy of their most recent accreditation survey, and any other information related to the survey, to the Department (upon the request of the Department). The Department's request to us for this information was issued by CMS letter of August 27, 1990.

Congratulations on the improvements, which have been made in your organization's compliance status with the standards of the Joint Commission.

Sincerely,

Russell P. Massaro, MD, FACPE
Executive Vice President
Division of Accreditation Operations

cc: James McEneaney, Chairman, Board of Directors
Michael Lapenta, MD, President of Medical Staff

JCAHO
Hospital Accreditation Services
Accreditation Decision Grid

Organization: Anne Arundel Medical Center 6241
 2001 Medical Parkway
Location: Annapolis, Maryland 21401

Survey Date: March 2, 2004
Survey Type: Conditional Follow-up Survey

PATIENT-FOCUSED FUNCTIONS

Patient Rights and Organizational Ethics

Patient Rights	
Organizational Ethics	

Assessment of Patients

Initial Assessment	1
Pathology and Clinical Laboratory Services - Waived Testing	
Reassessment	
Care Decisions	
Structures Supporting the Assessment of Patients	
Additional Requirements for Specific Patient Populations	

Care of Patients

Planning and Providing Care	
Anesthesia Care	
Medication Use	1
Nutrition Care	
Operative and Other Procedures	
Rehabilitation Care and Services	
Special Procedures	1

Education

Patient and Family Education and Responsibilities	
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Continuum of Care

Continuum of Care	
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ORGANIZATIONAL FUNCTIONS

Improving Organization Performance

Design	
Data Collection	
Aggregation and Analysis	1
Performance Improvement	

Leadership

Planning	1
Directing Departments	
Integrating and Coordinating Services	
Role in Improving Performance	1

Management of Environment of Care

Planning	1
Implementation	
Other Environmental Considerations	
Measuring Outcomes Of Implementation	

Management of Human Resources

Human Resources Planning	
Orientation, Training, and Education of Staff	1
Assessing Competence	1
Managing Staff Requests	

ORGANIZATIONAL FUNCTIONS CONTINUED

Management of Information

Information Management Planning	
Patient-Specific Data and Information	
Aggregate Data and Information	
Knowledge-Based Information	
Comparative Data and Information	

Surveillance, Prevention and Control of Infection

Surveillance, Prevention, and Control of Infection	
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STRUCTURES WITH FUNCTIONS

Governance

Governance	
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Management

Management	
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Medical Staff

Organization, Bylaws, Rules, and Regulations	
Credentialing	

Nursing

Nursing	
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Special Type 1 Recommendations

Accreditation Participation Requirements	1

Rating Scale

1=Evidence of good compliance
 2=Evidence of acceptable compliance
 3=Insufficient evidence of acceptable compliance (least deficient)

4=Insufficient evidence of acceptable compliance (more deficient)
 5= Insufficient evidence of acceptable compliance (most deficient)
 N=Not Applicable



Joint Commission

on Accreditation of Healthcare Organizations

Setting the Standard for Quality in Health Care

Official Accreditation Decision Report

One Renaissance Boulevard
Oakbrook Terrace, IL 60181
(630) 792-5000
<http://www.jcaho.org>

Member Organizations
American College of Physicians
American College of Surgeons

American Dental Association
American Hospital Association
American Medical Association

**JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS
OFFICIAL ACCREDITATION DECISION REPORT**

Anne Arundel Medical Center
2001 Medical Parkway
Annapolis, Maryland 21401

ORGANIZATION IDENTIFICATION NUMBER 6241

DATE OF SURVEY

March 2, 2004

SURVEYOR

Laurence C. Wegienka, MD

PROGRAM

Hospital Accreditation Program

Prepared By:

Nikkiba T. Jones

ACCREDITATION DECISION

The type I recommendations which required a follow-up survey visit on the above date have been removed. The findings of this survey indicate that your organization satisfied the requirements of these type I recommendations and is no longer in Conditional Accreditation.

The results of this conditional follow up survey do not affect any other type I recommendation requirements that may exist on your current accreditation status.

STATEMENT OF CONDITIONS

This accreditation decision is based, in part, on your organization's acceptable use of the Statement of Conditions relating to compliance with the Life Safety Code. Continued accreditation is, in part, contingent upon your maintenance of a current and accurate Statement of Conditions and implementation of any corrective actions outlined in Part 4 of the Statement of Conditions (including compliance with the identified time frames for achievement). The Statement of Conditions procedure also requires you to notify the Joint Commission in writing of any significant inability to implement the Plan for Improvement as identified in Part 4 of the Statement of Conditions and/or any substantial changes to the Statement of Conditions that was submitted to the Joint Commission at the time of survey.

CLEARED TYPE I RECOMMENDATION TOPICS

The following topics, reviewed as a part of this Type I recommendation response, have been found in compliance.

Hospital Accreditation Program

1. Special Procedures
2. Initial Assessment
3. Aggregation and Analysis
4. Role in Improving Performance
5. Orientation, Training, and Education of Staff
6. Medication Use
7. Planning
8. Assessing Competence
9. Accreditation Participation Requirements

Anne Arundel Medical Center
2001 Medical Parkway
Annapolis, MD 21401
Organization Identification Number 6241
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*** No Recommendations ***