

Marta D. Harting

(410) 244-7542

mdharting@venable.com

August 26, 2016

**VIA ELECTRONIC MAIL  
AND HAND DELIVERY**

Ruby Potter, Administrator  
Maryland Health Care Commission  
Center for Health Care Facilities  
Planning & Development  
4160 Patterson Avenue  
Baltimore, MD 21215

Re: Prince George's County Hospice Services Certificate of Need Review

Dear Ms. Potter:

As requested by Mr. McDonald, attached is documentation to demonstrate that Amedisys Maryland, LLC, doing business as Amedisys Hospice of Greater Chesapeake, is experienced in providing licensed and Medicare-certified general hospice services in Maryland as required by COMAR 10.24.13.04A(2)(i).

Should you need anything further, please let me know. Thank you for your attention to this matter.

Sincerely,



Marta D. Harting

MDH:rlh  
Enclosure

cc: Kevin McDonald

RECEIVED

MAR 23 2016

BY: *Reg ST*



STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
OFFICE OF HEALTH CARE QUALITY  
SPRING GROVE CENTER  
BLAND BRYANT BUILDING  
55 WADE AVENUE  
CATONSVILLE, MARYLAND 21228

License No.: **H1536**

Issued to: **Amedisys Hospice Of Greater Chesapeake**  
7106 Ridge Road, Suite 110  
Rosedale, MD 21237

Type of Facility or Community Program: **Hospice Care Facility**

Date Issued: **April 1, 2015**

AREAS SERVED: **BALTIMORE CITY, BALTIMORE, CECIL, AND HARFORD  
COUNTIES**

Hospice Type: **General Hospice**

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article, Title 19 Annotated Code of Maryland, including all applicable rules and regulations promulgated there under. This document is not transferable.

Expiration Date: **April 1, 2018**

*Patricia Tomasko May, MD*

Director

*Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.*

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
The Public Ledger Building, Suite 216  
150 S. Independence Mall West  
Philadelphia, PA 19106-3499

received  
09/16/2009

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

**Northeast Consortium/ Division of Survey & Certification**

September 16, 2009

Monica Guidroz, Director  
Amedisys Hospice of Greater Chesapeake  
8003 Corporate Drive, Suite G  
Baltimore, Maryland 21236-4984

Dear Ms. Guidroz:

Re: CMS Certification Number (CCN): 21-1536

This is to acknowledge the change of ownership for Amedisys Hospice of Greater Chesapeake (formerly Upper Chesapeake/St Joseph Home Care) that was effective April 1, 2009. In that regard, enclosed is a fully-executed Health Insurance Benefit Agreement (CMS-1561) for this Maryland hospice.

Effective April 1, 2009 there was an asset purchase agreement between Upper Chesapeake/St. Joseph Home Care, Inc. (Seller) and Amedisys Maryland, LLC (Buyer).


Regulation 42 CFR §489.18 permits the Provider Agreement to be automatically assigned to the new ownership subject to all the terms and conditions under which it was issued.

The Office for Civil Rights (OCR) might contact you to determine the hospice's compliance with civil rights requirements. (Note that refusal to submit any additional information that OCR requests would be a basis for the termination of the hospice's Provider Agreement).

Cahaba GBA (FI # 00011) continues as the hospice's Medicare intermediary.

Should there be any questions, please contact Bernac Hinnant of my staff at (215) 861-4286.

Sincerely,

  
Timothy J. Hock, Manager  
Certification & Enforcement Branch

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED  
OMB No. 0938-0832

**HEALTH INSURANCE BENEFIT AGREEMENT**

(Agreement with Provider Pursuant to Section 1866 of the Social Security Act,  
as Amended and Title 42 Code of Federal Regulations (CFR)  
Chapter IV, Part 489)

**AGREEMENT**

between

**THE SECRETARY OF HEALTH AND HUMAN SERVICES**

and

**Amedsys Maryland, L.L.C.**

doing business as (D/B/A) **Amedsys Hospice of Greater Chesapeake**

In order to receive payment under title XVIII of the Social Security Act, **Amedsys Maryland, L.L.C.**

**D/B/A Amedsys Hospice of Greater Chesapeake** as the provider of services, agrees to conform to the provisions of section of 1866 of the Social Security Act and applicable provisions in 42 CFR.

This agreement, upon submission by the provider of services of acceptable assurance of compliance with title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973 as amended, and upon acceptance by the Secretary of Health and Human Services, shall be binding on the provider of services and the Secretary.

In the event of a transfer of ownership, this agreement is automatically assigned to the new owner subject to the conditions specified in this agreement and 42 CFR 489, to include existing plans of correction and the duration of this agreement, if the agreement is time limited.

ATTENTION: Read the following provision of Federal law carefully before signing.

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or make any false, fictitious or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both (18 U.S.C. section 1001).

Name **Monica L. Guidroz** Title **Director, Regulatory/Clinical Services- Acquisitions Division**  
Date **04/03/2009**

ACCEPTED FOR THE PROVIDER OF SERVICES BY:

NAME (signature) \_\_\_\_\_  
TITLE \_\_\_\_\_ DATE \_\_\_\_\_

ACCEPTED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES BY:

NAME (signature) **[Signature]**  
TITLE **Manager Certification & Enforcement Branch** DATE **9/17/09**

ACCEPTED FOR THE SUCCESSOR PROVIDER OF SERVICES BY:

NAME (signature) **Monica L. Guidroz**  
TITLE **Director, Regulatory/Clinical Services- Acquisitions Division** DATE **04/03/2009**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0832. The time required to complete this information collection is estimated to average 8 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection, if you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.

**Change of Ownership effective April 1, 2009**

Form CMS-1561 (7/01) Previous Version Obsolete

U.S. GPO: 2002-492-010/51467

**CON# 219536**

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



**Northeast Consortium/ Division of Survey & Certification**

---

August 9, 2011

Administrator  
Amedisys Hospice of Greater Chesapeake  
8003 Corporate Drive, Suite G  
Baltimore, MD 21236



Re: CMS Certification Number: 21-1536

Dear Administrator:

We have determined that the satellite office located at 202 East Main Street, Elkton, Maryland 21921 meets the regulatory requirements for approval. Therefore, your request to add that satellite office to your hospice Medicare certification has been approved effective June 1, 2011.

Your fiscal intermediary (FI)/Medicare Administrative Contractor (MAC) has been notified of this approval. All additions, deletions, or changes of location of satellite offices must be reported to both your FI/MAC and the State survey agency.

If you have any questions, please contact Bernae Hinnant at 215-861-4286.

Sincerely,

Pat McNeal  
Principal State Representative  
Certification and Enforcement Branch



STATE OF MARYLAND

**DHMH**

Maryland Department of Health and Mental Hygiene

Office of Health Care Quality

Spring Grove Center • Bland Bryant Building

55 Wade Avenue • Catonsville, Maryland 21228-4663

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Yan Mitchell, Secretary

07/01/2015

Diane Mizella, Administrator  
Amedisys Hospice Of Greater Chesapeake  
7106 Ridge Road, Suite 110  
Rosedale, MD 21237

PROVIDER # 211536  
RE: NOTICE OF COMPLIANCE WITH  
HEALTH COMPONENT REQUIREMENTS

Dear Diane Mizella:

On June 29, 2015, a Recertification Survey was conducted at your Amedisys Hospice Of Greater Chesapeake facility by the Office of Health Care Quality to determine if your facility was in compliance with Federal participation requirements for Hospice Facilities participating in the Medicare and/or Medicaid programs. The survey was also conducted for the purpose of State licensure.

This survey found that your facility is in compliance with the health component of the requirements.

If you have any questions, please call me at (410) 402-8288 or by fax at (410) 402-8277.

Sincerely,

Roslyn Tyson

Program Coordinator, Ambulatory Care Programs  
Office of Health Care Quality

Enclosure: CMS 2567L

cc: File

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/01/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  211536	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/29/2015
NAME OF PROVIDER OR SUPPLIER  AMEDISYS HOSPICE OF GREATER CHESAPEAKE		STREET ADDRESS, CITY, STATE, ZIP CODE 7106 RIDGE ROAD, SUITE 110 ROSEDALE, MD 21237	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

L 000 INITIAL COMMENTS

L 000

A Medicare hospice recertification survey was conducted on June 22, 23, 24, 25, 26 and 29, 2015.

The survey included: a review of clinical records; home visits in private residences; observation of an interdisciplinary team meeting; a review of agency on-call policy and documentation; a review of admission documentation including patient rights; a review of the volunteer program; a review of the bereavement program; a review of the Quality Assessment and Performance Improvement(QAPI) program; a review of list of professional staff with license expiration dates; a review of several contracts; a review of the infection control plan; a tour and observation of the hospice agency; a review of Medical Director's job description and interviews with agency's administrative and clinical staff.

A total of fourteen clinical records were reviewed and three bereavement charts. Eight represented active patient (A, B, C, D, E, F,G) and three represented deceased patients ( H, I, J) whose families were receiving bereavement services. The home visits observations of the eight clinical records review were two registered nurses (RN).

The scope of care;  
SN-11  
MSW-7  
HHA-8  
Volunteer-4  
Chaplain-10

Findings in this report were based on data present in the clinical records at the time of review. The agency's administrative staff was

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/01/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  211536	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  06/29/2015
NAME OF PROVIDER OR SUPPLIER  AMEDISYS HOSPICE OF GREATER CHESAPEAKE		STREET ADDRESS, CITY, STATE, ZIP CODE 7106 RIDGE ROAD, SUITE 110 ROSEDALE, MD 21237	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  (X5) COMPLETION DATE
L 000	Continued From page 1 kept informed of the survey findings as the survey progressed. The agency staff was given the opportunity to present information relative to the findings during the course of the survey.	L 000	
L9999	FINAL OBSERVATIONS  The Hospice agency was found to be in compliance with the Conditions of Participation and related standards for 42-CFR 418.  An exit interview was conducted on June 29,2015.	L9999	





FOR PROVIDERS.  
BY PROVIDERS.

September 23, 2014

Amedisys Maryland, L.L.C.  
107 Chesapeake Blvd., Ste. 134  
Elkton, MD 21921-6390  
Attention: Iris Rancatore

Dear Amedisys Maryland, L.L.C.:

On behalf of the Accreditation Commission for Health Care, Inc., it is my pleasure to inform you that Amedisys Maryland, L.L.C. has been **approved for accreditation** for the Hospice Program. The services approved are Hospice Residential Care Services.

Your accreditation is effective October 1, 2014 through October 1, 2017. Of course, maintaining accreditation is contingent upon continued compliance with ACHC's standards during this period. In granting accreditation, ACHC finds that your company has demonstrated that it operates at a level of quality, integrity and effectiveness consistent with its standards.

If you have any questions about your organization's findings, ACHC's decision, or ACHC's procedures, you should feel free to contact your organization's Accreditation Advisor, Nora Lee Stephen.

Again, ACHC extends its congratulations to Amedisys Maryland, L.L.C. for being awarded accreditation. It is an achievement of which your organization can be proud and one which marks your commitment to quality in the provision of care.

Sincerely,

Matthew D. Hughes  
Director Business Development &  
Customer Service

# CERTIFICATE of ACCREDITATION



ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

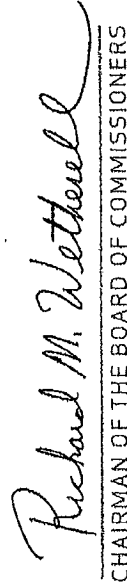
*Amedisys Maryland, L.L.C.*  
*d/b/a Amedisys Hospice of Greater Chesapeake*  
ELKTON, MARYLAND

HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS THROUGH COMPLIANCE WITH ACHC'S NATIONALLY RECOGNIZED STANDARDS FOR ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

HOSPICE

FROM *October 1, 2014* THROUGH *October 1, 2017*

  
CHIEF EXECUTIVE OFFICER

  
CHAIRMAN OF THE BOARD OF COMMISSIONERS



ACCREDITATION COMMISSION for HEALTH CARE



FOR PROVIDERS.  
BY PROVIDERS.

September 23, 2014

Amedisys Maryland, L.L.C.  
7106 Ridge Rd, STE 100  
Rosedale, MD 21237-3876  
Attention: Iris Rancatore

Dear Amedisys Maryland, L.L.C.:

On behalf of the Accreditation Commission for Health Care, Inc., it is my pleasure to inform you that Amedisys Maryland, L.L.C. has been **approved for accreditation** for the Hospice Program. The services approved are Hospice Residential Care Services.

Your accreditation is effective October 1, 2014 through October 1, 2017. Of course, maintaining accreditation is contingent upon continued compliance with ACHC's standards during this period. In granting accreditation, ACHC finds that your company has demonstrated that it operates at a level of quality, integrity and effectiveness consistent with its standards.

If you have any questions about your organization's findings, ACHC's decision, or ACHC's procedures, you should feel free to contact your organization's Accreditation Advisor, Nora Lee Stephen.

Again, ACHC extends its congratulations to Amedisys Maryland, L.L.C. for being awarded accreditation. It is an achievement of which your organization can be proud and one which marks your commitment to quality in the provision of care.

Sincerely,

Matthew D. Hughes  
Director Business Development &  
Customer Service

# CERTIFICATE of ACCREDITATION



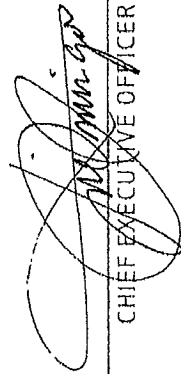
ACCREDITATION COMMISSION FOR HEALTH CARE CERTIFIES THAT:

*Amedisys Maryland, L.L.C.*  
*d/b/a Amedisys Hospice of Greater Chesapeake*  
ROSEDALE, MARYLAND

HAS DEMONSTRATED A COMMITMENT TO PROVIDING QUALITY CARE AND SERVICES TO CONSUMERS THROUGH COMPLIANCE WITH ACHC'S NATIONALLY RECOGNIZED STANDARDS FOR ACCREDITATION AND IS THEREFORE GRANTED ACCREDITATION FOR THE FOLLOWING:

HOSPICE

FROM *October 1, 2014* THROUGH *October 1, 2017*

  
\_\_\_\_\_  
CHIEF EXECUTIVE OFFICER

  
\_\_\_\_\_  
CHAIRMAN OF THE BOARD OF COMMISSIONERS



ACCREDITATION COMMISSION for HEALTH CARE