

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Western Division of Survey and Certification  
San Francisco Regional Office  
90 7<sup>th</sup> Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6707



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Refer to: WDSC- mc

09/08/2016

Administrator  
Southern California Hospital at Hollywood  
6245 De Longpre Ave  
Hollywood, CA 90028

CMS Certification Number (CCN): 050135

Dear Administrator:

The California Department of Public Health (CDPH) has determined that Southern California Hospital at Hollywood now meets the Medicare Conditions of Participation for a provider of hospital services and therefore, this office will not proceed with a termination action. The authority for this decision is found at 42 C.F.R. § 498.20 - 498.25.

The 07/28/2016 revisit survey conducted by the CDPH determined that the hospital demonstrated compliance with Medicare Conditions of Participation (CoP) and provides the basis for the determination of CMS.

Therefore, effective the date of this letter, we are removing your facility from the CDPH survey jurisdiction and restoring your facility's deemed status, based on your continued accreditation by the DNV GL-Healthcare (DNV GL). While the survey found compliance with the CoP there are standard level deficiencies cited. The enclosed Statement of Deficiencies (CMS-2567) documents the findings of the 07/28/2016 survey.

Since your hospital has been determined to be in compliance with the CoP you do not have to submit a plan of correction for any of the Medicare survey deficiencies. However, under Federal disclosure rules a copy of the findings of this Medicare survey must be publicly disclosed within 90 days of the completion. You may therefore wish to submit for public disclosure, your comments on the survey findings, and any plans you may have for correcting the cited deficiencies.

Should you choose to submit a plan for correction, the evidence of correction is to be entered on the right side of Form CMS-2567 for both documents, opposite the deficiency, and must be signed and dated by the administrator or other authorized official. Please submit your evidence of correction to the CDPH, Los Angeles District office by close of business, within ten (10) days of receipt of this letter.

The evidence of correction of each item must contain the following:

1. How the correction was accomplished, both temporarily and permanently for each individual affected by the deficient practice, including any system changes that must be made.
2. The title or position of the person responsible for correction, i.e., Administrator, Director of Nursing or other responsible supervisory personnel.
3. A description of the monitoring process to prevent recurrences of the deficiency, the frequency of the monitoring and the individual(s) responsible for the monitoring.
4. The date when the immediate correction of the deficiency will be accomplished, normally this will be no more than thirty (30) calendar days from the date of the exit conferences.

We have forwarded a copy of this letter and the findings from this survey to the DNV GL for its review. Copies of this letter are being sent to the CDPH and the State Medicaid agency.

If you have any questions about this matter, please contact Alex Garza at 415-744-2830, or Maureen Calacal of my staff at 415-744-3727.

Sincerely,



Rufus Arther, Manager  
Non-Long Term Care Branch  
Division of Survey and Certification

Enclosure