



Oklahoma State Department of Health  
Creating a State of Health

September 1, 2015

Warren Spellman, Administrator  
Grady Memorial Hospital  
2220 Iowa Street  
Chickasha, OK 73018

Provider #: 370054

Survey Event ID # D1HV11  
Life Safety Survey Event ID # D1HV21

Dear Mr. Spellman:

Enclosed is the listing of the deficiencies found during the recent Medicare survey and Life Safety survey conducted at your facility on **August 18, 2015**. Based on the deficiencies found to exist in your facility, it no longer appears to qualify as a provider of services in the Medicare Program. To participate in Medicare, a provider must meet the statutory requirements established under Title XVIII of the Social Security Act and must also meet health and safety requirements prescribed by the Secretary of the United States Department of Health and Human Services. **We are recommending termination within 90 days of the survey date. We recommend that you notify your governing body and/or owners that termination of your Medicare agreement may occur November 16, 2015.**

A listing of deficiencies for the **August 18, 2015** survey is enclosed for your response. **You must submit by September 11, 2015, an acceptable plan of correction** for these deficiencies or a termination recommendation of your provider agreement will be recommended to the Centers for Medicare & Medicaid Services (CMS). An acceptable plan of correction must contain the following elements:

1. The plan of correcting the specific deficiency. The plan should address the processes that led to the deficiency cited.
2. The procedure for implementing the acceptable plan of correction for the specific deficiency cited.
3. The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements.
4. Each tag must identify the title of the person responsible for correcting the deficiency and ensuring compliance.
5. The original signature of the provider's representative, the representative's title, and date of signature on page one of Form CMS 2567.

Terry L Cline, PhD  
Commissioner of Health  
Secretary of Health  
and Human Services

Ronald Woodson, MD  
President  
Jenny Alexopoulos, DO  
Terry R Gerard, DO

Board of Health  
Martha A Burger, MBA  
Vice President  
Charles W Grim, DDS, MHSA  
R Murali Krishna, MD

Cris Hart-Wolfe, MBA  
Secretary-Treasurer  
Timothy E Starkey, MBA  
Robert S Stewart, MD

1000 NE 10<sup>th</sup> Street  
Oklahoma City, OK 73117-1299  
www.health.ok.gov  
An Equal Opportunity Employer



Grady Memorial Hospital  
September 1, 2015  
Page 2 of 2

Names of individuals or clients should not be included on the form since this document may be publicly disclosed. If additional space is needed for your POC, please use an attachment sheet. You should retain a copy of the completed form for your files, but return the original form to this office.

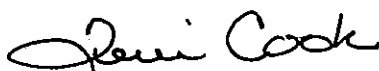
**The most distant completion dates for your corrective actions should be no later than 60 days from August 18, 2015 in order to allow us an interval of time during which we can verify your corrective actions have been implemented.** This will ensure our Department the ability to schedule a follow-up survey to conduct a full and thorough review of your corrective actions before a termination recommendation is made to CMS.

If all of the deficiencies have been substantially corrected at the time of this revisit, the termination of your provider agreement will be rescinded. **If the deficiencies are not substantially corrected at the time of the revisit, you will receive a letter from CMS advising you of the continuation of the termination process and your appeal rights. Please be advised that under Medicare, a provider is not entitled to a hearing before termination, but only after adverse action actually takes place.**

All pages must be typed legibly and signature readable. You can return the CMS-2567 Forms with your plans of correction via e-mail to: [barrye@health.ok.gov](mailto:barrye@health.ok.gov)

If you have questions, please contact this office at 405-271-6576.

Sincerely,



Terri Cook  
Administrative Programs Manager  
Facility Services Division  
Medical Facilities Service

Enclosure: CMS-2567 Form (D1HV11)  
CMS-2567 Form Life Safety (D1HV21)