DEPARTMENT OF HEALTH

*Protecting, Maintaining and Improving the Health of All Minnesotans*

Delivered via email

January 28, 2021

Administrator
Meeker Memorial Hospital
612 South Sibley Avenue
Litchfield, MN 55355

RE: Survey Results
CCN: 241366
Cycle Start Date: January 15, 2021

Dear Administrator:

On January 15, 2021, a survey was completed by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for Critical Access Hospitals and Swing Beds.

We are pleased to inform you that this survey resulted in no deficiencies being issued. Attached is your copy of the Federal Form CMS-2567 indicating your compliance with the Federal regulations.

Thank you for your cooperation.

Sincerely,

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

DEPARTMENT OF HEALTH

*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered via Email

January 28, 2021

Administrator
Meeker Memorial Hospital
612 South Sibley Avenue
Litchfield, MN 55355

Re: Licensing Orders
CCN: 241366
Cycle Start Date: January 15, 2021

Dear Administrator:

On January 15, 2021, a survey was completed by the Minnesota Departments of Health to determine if your facility was in compliance with Federal participation requirements for Critical Access Hospitals. At the time of the survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted no violations of the licensing requirements.

Attached is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please note it is your responsibility to share the information contained in this letter and the results of the visit with the President of your Governing Body.

Feel free to contact me if you have questions related to this letter.

Sincerely,

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 00370 | A. BUILDING: _____ B. WING _____ | C 01/15/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MEEKER MEMORIAL HOSPITAL** | **612 SOUTH SIBLEY AVENUE LITCHFIELD, MN 55355** |

| (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) COMPLETE DATE |
|---|---|---|---|---|
| 6 000 | INITIAL COMMENTS<br><br>In accordance with MN State Statute 144.55 Subd 3., for the purpose of hospital licensure, the commissioner of health shall use as minimum standards the hospital certification regulations. A substantiate allegation survey was conducted on 1/13/21 through 1/15/21, to investigate an alleged violation of State requirements for Hospital Licensure pertaining to Provision of Services at 42 CFR 482.635. Please refer to CMS 2567. | 6 000 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 241366 | A. BUILDING _____ B. WING _____ | C 01/15/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **MEEKER MEMORIAL HOSPITAL** | **612 SOUTH SIBLEY AVENUE LITCHFIELD, MN 55355** |

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|---|---|---|---|---|
| C 000 | INITIAL COMMENTS<br><br>On 1/13/21 through 1/15/21, surveyors conducted an abbreviated survey related to CFR 485.635 Condition of Participation: Provision of Services to investigate complaint H1366010C. Your facility was found in current compliance with the regulations for CoP set forth at 42 CFR Part 485 Subpart F, Critical Access Hospitals.<br><br>The following complaint was found to be SUBSTANTIATED: (H1366010C), with no deficiencies cited.<br><br>Your signature is required at the bottom of the first page of the CMS-2567 form and must be submitted via email to the supervisor and program assurance specialist. | C 000 | | |

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.