

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
61 Forsyth Street, SW, Suite 4T20  
Atlanta, Georgia 30303-8909



**Reference: M 2025: Memorial Mission Hospital and Asheville Surgery Center 07152025 CCN 34-0002  
NC227772\_Past Violation not Termination-Exhibit Letter 210**

**IMPORTANT NOTICE- PLEASE READ CAREFULLY –SENT VIA INTERNET**

**EMAIL TO: [Greg.Lowe@hcahealthcare.com](mailto:Greg.Lowe@hcahealthcare.com)**

**(Receipt of this notice is presumed to be July 15, 2025-date notice e-mailed)**

July 15, 2025

Mr. Greg Lowe, CEO  
509 Biltmore Ave.  
Asheville, NC 28801

**RE: Memorial Mission Hospital and Asheville Surgery Center  
CMS Certification Number (CCN): 34-0002  
EMTALA Complaint Control Number: NC227772**

Dear Mr. Lowe:

In order to participate in the Medicare program, a hospital must meet the requirements established under title XVIII of the Social Security Act (the Act), and must also meet the additional requirements established by the Secretary of Health and Human Services under the authority contained in §1861(e) of the Act. Further, §1866(b) of the Act authorizes the Secretary to terminate the provider agreement of a hospital that fails to meet these provisions.

This office authorized the North Carolina State Survey Agency to conduct a survey of Memorial Mission Hospital and Asheville Surgery Center on May 15, 2025. As a result of that survey, it was determined that your facility violated 42 CFR 489.24, “Special responsibilities of Medicare participating hospitals in emergency cases.” The deficiencies identified are cited in the enclosed Statement of Deficiencies.

The North Carolina State Survey Agency found that, prior to the survey, you discovered the violation and implemented corrective action that has been effective over the longer term. Therefore, we are not proceeding with a termination of your Medicare provider agreement with the Secretary of Health and Human Services.

As the requirements for the participation in the Medicaid program under 42 CFR 440.10(a)(3)(iii) include meeting the Medicare requirements, we are notifying the appropriate state officials concerning your hospital’s past violation of the requirements of 42 CFR 489.24. We are also notifying the Office of Inspector General because it has the responsibility for the enforcement of civil monetary penalties prescribed by §1867 the Act.

Please provide the Regional office with a hard copy of the hospital’s Plan of Correction within **3-5 working days** of receipt of this letter. Enclosed you will find the requirements for an

acceptable Plan of Correction (S&C: 17-34). If you have any questions or concerns about this matter, please contact Brenda J. Davalie at e-mail address [Brenda.Davalie@cms.hhs.gov](mailto:Brenda.Davalie@cms.hhs.gov) or William Sims at e-mail address [William.Sims@cms.hhs.gov](mailto:William.Sims@cms.hhs.gov).

Sincerely yours,

Melissa Foreman, RN, CCM, CPHQ  
Acute & Continuing Care Branch Manager  
Division of Atlanta Survey & Enforcement  
Centers for Medicare and Medicaid Services

Enclosure: Form CMS-2567, Statement of Deficiencies, 5 Day QIO report(s), and New Guidance for the Formatting of the Plans of Correction.

cc: State Survey Agency