STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345401	A. BUILDING _____ B. WING _____	C 08/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILKES SENIOR VILLAGE	204 OLD BRICKYARD ROAD NORTH WILKESBORO, NC 28659

(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
F 000	INITIAL COMMENTS No deficiencies were cited as a result of the complaint investigation. Event ID #H7G911.	F 000	F 156 1. Residents # 79, #85, and #205 were identified during survey as being affected by noted deficient practice. Correction for these residents occurred on 9/11/13. The business office has re-addressed this issue by issuing the correct form CMS 10123-NOMNC to the listed above three residents. Completion Date 9/11/13	9/11/13
F 156 SS=B	483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section. The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered	F 156	2. All residents receiving Medicare benefit had potential to be impacted by deficient practice. Corrective action has been accomplished for these residents by re-instating the immediate use of the correct form. The Liability Notices/Notice of Medicare Provider Non-Coverage forms have been obtained and are now being provided to all residents using the new CMS form for notification (Form CMS 10123-NOMNC (Approved 12/31/2011) Completion Date 8/22/2013 **" Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."**	8/22/13

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

Alicia S. Huffman, LNHA | 9/12/13

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.

DHSR NH Unit Black Mountain WRO Received SEP 16 2013 by: PAM

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F 156	Continued From page 1 under Medicare or by the facility's per diem rate. The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section; A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels. A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements. The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care. The facility must prominently display in the facility	F 156	3. The measures that have been put into place to ensure that the alleged deficient practice does not recur includes: The administrator and the business office manager have signed up for email posting to receive updates on CMS changes via padministrator@webmail.palmettogba.com to help inform us of any new form or policy changes. As well as the already in place changed CMS 10123-NOMNC form. Completion Date 8/22/13 4. The facility plans to monitor via the QAPI process. The Clinical Supervisor will analyze for patterns/trends and report in QA&A meeting monthly for 2 months and then quarterly, for two quarters. This will be done via checking the website for any policy/form changes and auditing resident files for use of correct CMS 10123-NOMNC form. The QA&A Committee will evaluate the effectiveness of the above plan and will adjust the plan based on outcomes/trends identified. The first QAPI was completed on 9/11/13 with all residents receiving notice since 8/22/13. This QAPI reviewed 100% compliance rate in using the new updated CMS 10123-NOMNC form. The next QAPI is scheduled for 10/16/13. Completed Date: 9/11/13 **" Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."**	8/22/13 9/11/13

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F 156	Continued From page 2 written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to provide residents with the Denial of Payment of Medicare Coverage and their appeal rights for 3 of 3 residents. (Resident # 79, Resident # 85 and Resident # 205) The findings included: 1. A record review of the Liability Notices/Notice of Medicare Provider Non-Coverage forms revealed Resident # 79 was not provided with one of the correct CMS forms for notification which informed the resident/family of the resident's right to have a claim or demand bill submitted to Medicare as the resident no longer qualified for services. The facility was using a letter entitled Skilled Nursing Facility (SNF) Determination on Continued Stay letter. Under verification of receipt of notice there was no date of receipt for when resident/family was notified. During an interview on 08/21/13 at 4:10 PM the Business Office Manager reported once notice was received from the Therapy Department of an upcoming resident discharge from therapy the Business Office Manager called the family and explained what was happening and when the resident's Medicare Coverage would end. The	F 156		

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F 156	Continued From page 3 Business Office Manager then sent them the SNF Determination on Continued Stay letter. The Business Office Manager further stated the facility used the SNF Determination on Continued Stay letter for anyone requiring the Medicare Non-Coverage form. During an interview on 08/21/13 at 4:30 PM the Chief Executive Officer revealed the facility had an accountant that was responsible for their Medicare billing and she had not received any information from the accountant there had been any changes in the Medicare Non-Coverage letters. The Chief Executive Officer further stated the facility had been using the SNF Determination on Continued Stay letter for quite sometime. 2. A record review of the Liability Notices/Notice of Medicare Provider Non-Coverage forms revealed Resident # 85 was not provided with one of the correct CMS forms for notification which informed the resident/family of the resident's right to have a claim or demand bill submitted to Medicare as the resident no longer qualified for services. The facility was using a letter entitled Skilled Nursing Facility (SNF) Determination on Continued Stay letter. During an interview on 08/21/13 at 4:10 PM the Business Office Manager reported once notice was received from the Therapy Department of an upcoming resident discharge from therapy the Business Office Manager called the family and explained what was happening and when the resident's Medicare Coverage would end. The Business Office Manager then sent them the SNF Determination on Continued Stay letter. The Business Office Manager further stated the facility used the SNF Determination on Continued Stay	F 156		

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F 156	Continued From page 4 letter for anyone requiring the Medicare Non-Coverage form. During an interview on 08/21/13 at 4:30 PM the Chief Executive Officer revealed the facility had an accountant that was responsible for their Medicare billing and she had not received any information from the accountant there had been any changes in the Medicare Non-Coverage letters. The Chief Executive Officer further stated the facility had been using the SNF Determination on Continued Stay letter for quite sometime. 3. A record review of the Liability Notices/Notice of Medicare Provider Non-Coverage forms revealed Resident # 205 was not provided with one of the correct CMS forms for notification which informed the resident/family of the resident's right to have a claim or demand bill submitted to Medicare as the resident no longer qualified for services. The facility was using a letter entitled Skilled Nursing Facility (SNF) Determination on Continued Stay letter. Under verification of receipt of notice there was no date of receipt for when resident/family was notified. During an interview on 08/21/13 at 4:10 PM the Business Office Manager reported once notice was received from the Therapy Department of an upcoming resident discharge from therapy the Business Office Manager called the family and explained what was happening and when the resident's Medicare Coverage would end. The Business Office Manager then sent them the SNF Determination on Continued Stay letter. The Business Office Manager further stated the facility used the SNF Determination on Continued Stay letter for anyone requiring the Medicare Non-Coverage form.	F 156		

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F 156	Continued From page 5 During an interview on 08/21/13 at 4:30 PM the Chief Executive Officer revealed that the facility had an accountant that was responsible for their Medicare billing and she had not received any information from the accountant there had been any changes in the Medicare Non-Coverage letters. She further stated the facility had been using the SNF Determination on Continued Stay letter for quite sometime.	F 156		