STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345150	A. BUILDING _____ B. WING _____	04/21/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENANSVILLE HEALTH & REHABILITATION CENTER	209 BEASLEY STREET KENANSVILLE, NC 28349

(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 156 SS=D	483.10(d)(3)(g)(1)(4)(5)(13)(16)-(18) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES (d)(3) The facility must ensure that each resident remains informed of the name, specialty, and way of contacting the physician and other primary care professionals responsible for his or her care. §483.10(g) Information and Communication. (1) The resident has the right to be informed of his or her rights and of all rules and regulations governing resident conduct and responsibilities during his or her stay in the facility. (g)(4) The resident has the right to receive notices orally (meaning spoken) and in writing (including Braille) in a format and a language he or she understands, including: (i) Required notices as specified in this section. The facility must furnish to each resident a written description of legal rights which includes - (A) A description of the manner of protecting personal funds, under paragraph (f)(10) of this section; (B) A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment of resources under section 1924(c) of the Social Security Act. (C) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State regulatory and informational agencies, resident advocacy groups such as the State Survey Agency, the State licensure office, the State Long-Term Care Ombudsman program, the protection and advocacy agency, adult protective	F 156		5/8/17

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

Electronically Signed | 05/08/2017

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F 156	Continued From page 1 services where state law provides for jurisdiction in long-term care facilities, the local contact agency for information about returning to the community and the Medicaid Fraud Control Unit; and (D) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community. (ii) Information and contact information for State and local advocacy organizations including but not limited to the State Survey Agency, the State Long-Term Care Ombudsman program (established under section 712 of the Older Americans Act of 1965, as amended 2016 (42 U.S.C. 3001 et seq) and the protection and advocacy system (as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15001 et seq.) [§483.10(g)(4)(ii) will be implemented beginning November 28, 2017 (Phase 2)] (iii) Information regarding Medicare and Medicaid eligibility and coverage; [§483.10(g)(4)(iii) will be implemented beginning November 28, 2017 (Phase 2)] (iv) Contact information for the Aging and Disability Resource Center (established under Section 202(a)(20)(B)(iii) of the Older Americans	F 156		

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F 156	Continued From page 2	F 156		

Act); or other No Wrong Door Program;
[§483.10(g)(4)(iv) will be implemented beginning November 28, 2017 (Phase 2)]

(v) Contact information for the Medicaid Fraud Control Unit; and
[§483.10(g)(4)(v) will be implemented beginning November 28, 2017 (Phase 2)]

(vi) Information and contact information for filing grievances or complaints concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community.

(g)(5) The facility must post, in a form and manner accessible and understandable to residents, resident representatives:

(i) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups, such as the State Survey Agency, the State licensure office, adult protective services where state law provides for jurisdiction in long-term care facilities, the Office of the State Long-Term Care Ombudsman program, the protection and advocacy network, home and community based service programs, and the Medicaid Fraud Control Unit; and

(ii) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulation, including but not

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limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, and non-compliance with the advanced directives requirements (42 CFR part 489 subpart I) and requests for information regarding returning to the community.

(g)(13) The facility must display in the facility 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.

(g)(16) The facility must provide a notice of rights and services to the resident prior to or upon admission and during the resident's stay.

(i) 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.

(ii) The facility must also provide the resident with the State-developed notice of Medicaid rights and obligations, if any.

(iii) Receipt of such information, and any amendments to it, must be acknowledged in writing;

(g)(17) The facility must--

(i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for

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F 156	Continued From page 4 Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) 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 (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in paragraphs (g)(17)(i)(A) and (B) of this section. (g)(18) 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 under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident	F 156		

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F 156	Continued From page 5 representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide Medicare non-coverage letter indicating resident was notified at least 2 days prior to Medicare coverage ending for 1 of 3 residents reviewed (Resident # 1). The findings included: Resident #1 was admitted to the facility on 2/14/2017 with the diagnoses of Hypertension, Gastro esophageal Reflux Disease (GERD) and Arthritis. On April 20, 2017 at 2:03PM, the Social Worker could not provide a copy of Medicare non-coverage letter indicating Resident # 1 was notified of Medicare coverage ending. The Social Worker stated she was off from work on the day the Medicare non- coverage letter was to be provided to the resident. She stated she was aware that the Medicare non-coverage letter should be given to the resident at least 2 days	F 156	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of act alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by provisions of federal and state law." 1. Corrective action for Resident #1 receiving the Medicare non coverage letter 48 hours prior to Medicare coverage could not be resolved since services ended on March 3, 2017: however the letter was issued on May 8, 2017. 2. An audit of all residents that should have received a Medicare non coverage letter for March and April of 2017 were reviewed to ensure a letter had been provided. Any resident identified without a non- coverage letter that meant the	

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F 156	Continued From page 6 prior to the services being discontinued. On April 20, 2017 at 3:55PM, an interview was conducted with the Administrator who stated his expectation was for the Medicare non-coverage letter to be given to the resident at least 2 days prior to the Medicare coverage ending.	F 156	guidelines to receive one, will be provided with one. 3. Education was provided by the Administrator to the social worker /BOM and DON on the requirements for administering Medicare Non coverage letters. The facility will monitor that each resident receives the advance beneficiary notice by: discussing each resident who plans to discharge off of Medicare A in the interdisciplinary morning meeting. The Social Worker will deliver the notice to discuss with the resident, RP, or guardian in person, by fax, or e-mail. If the social worker is off then the Business office Manager will deliver the form and discuss it with the resident or family member. In the event that both social worker and the business office director is off then the Director of Nursing will ensure that the facility continues to deliver the 48 hour notice to the resident and or family member. 4. The denial letter monitoring tool will be reviewed at the QAPI meeting monthly for 3 months and the committee will evaluate and make further recommendations as indicated. 5. The correction action of this plan will be completed by May 11, 2017.	
F 334 SS=D	483.80(d)(1)(2) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS (d) Influenza and pneumococcal immunizations (1) Influenza. The facility must develop policies and procedures to ensure that-	F 334		5/8/17

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F 334	Continued From page 7 (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. (2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;	F 334		

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F 334	Continued From page 8 (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to provide the resident and/or Responsible Party (RP) with education of the Influenza Vaccine and to administer the Influenza Vaccination to 1 (Resident #20) of 5 residents sampled for immunization. Findings included: Review of the revised 9/2015 resident care policies stated that prior to vaccination, communicate the Vaccination Information Statement (VIS) to the recipient, help the recipient understand the disease and document. It also stated that current and newly admitted residents and all staff will be offered the influenza	F 334	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of act alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by provisions of federal and state law." 1. Corrective action for Resident #20, the Medical Director was notified of resident not receiving the influenza vaccine. Since the flu season has ended the vaccine will not be administered. If the resident in the facility in the beginning of the 2017 flu season, the vaccination will	

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F 334	Continued From page 9 vaccine from October of each year through the end of March the following year. Resident #20 was admitted to the facility on February 12, 2004. MDS Quarterly dated 3-12-2017 identified resident as in a persistent vegetative state. Diagnoses included hypertension, seizure disorder, and anxiety disorder. Resident was discharged again on 12-05-16 and readmitted on 12-07-16 (out for 2 days).Resident was discharged again on 12-30-2016 and readmitted on 01-01-2017 (out for 2 days). The resident was discharged 04-02-17 for the third time and readmitted on 04-10-17 (out for 8 days). The resident was out of the facility for a total of 12 days total during the flu season. Review of the 2016-17 influenza log-Resident #20's name was not on the list for received or refusal of the vaccine. There was no documentation presented to prove the residents or RP was offered or refused the immunization. April 20, 2017 at 4:25 pm interview with ADON stated every resident in the facility was offered a flu shot every year and resident #20's documentation of VIS was not available. April 21, 2017 at 9:05 am interview with ADON stated the VIS and the pneumococcal and influenza immunization consent form was mailed to RP but was not returned and several calls and messages were left but was not returned. April 21, 2017 at 12:53 pm interview with the DON stated she expected that the vaccines should be logged in the computer and VIS signed documentation should be filed in the residents	F 334	be offered to the resident or the RP acting on behalf of the resident and if refused, documentation of the refusal will be logged in the Medical record. If administered, documentation will be logged in the Medical Record. 2. An audit of all current residents that were in the facility during the flu season will be done to ensure their flu shot administration or refusal was documented. Any resident that there is not documentation to prove the resident received or refused the immunization will be communicated to the Medical Director. 3. When flu season starts in 2017, the facility will ensure that all current residents will be offered the immunization and it will be recorded as administered or refusal. The ADON will keep an influenza log and the DON will audit the log weekly during flu season. New admissions during flu season will be offered the immunization and it will also be recorded as administered or refused. 4. The F334 citation will be reviewed in QAPI by May 11, 2017. When flu season starts in 2017, immunization logs will be reviewed in QAPI meetings monthly during flu season. 5. The correction action of this plan will be completed by May 11, 2017.	

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F 334	Continued From page 10 chart.	F 334		