

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/17/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/17/2020
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NAME OF PROVIDER OR SUPPLIER THE OAKS AT WHITAKER GLEN-MAYVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 513 EAST WHITAKER MILL ROAD RALEIGH, NC 27608
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(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
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F 000	INITIAL COMMENTS	F 000		
F 582 SS=B	<p>Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v)</p> <p>§483.10(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 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 §483.10(g)(17)(i)(A) and (B) of this section.</p> <p>§483.10(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</p>	F 582		7/31/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 07/29/2020
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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.

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F 582	<p>Continued From page 1</p> <p>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.</p> <p>(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 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.</p> <p>(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.</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews with staff and a resident ' s Medical Power of Attorney (MPOA) and record reviews the facility failed to provide a Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN) for a resident discharged from Medicare Part A due to not participating in therapy and remained in the facility for 1 of 1 residents reviewed for beneficiary protection notification. (Resident #3)</p> <p>Findings Included:</p> <p>Resident #3 was admitted on 12/13/19. Her active diagnosis included heart failure, and osteoarthritis.</p>	F 582	<p>This plan of correction constitutes a written allegation of substantial compliance with Federal and Medicaid requirements. Preparation and/or execution of this correction do not constitute admission or agreement by the provider of the truth of items alleged or conclusions set forth for the alleged deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of the state and federal law. It also demonstrates our good faith and desire to continue to improve the quality of care and services to our residents.</p> <p>I. IMMEDIATE CORRECTIVE ACTION</p>		

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F 582	<p>Continued From page 2</p> <p>Resident #3 ' s care plan dated 12/17/19 revealed she was care planned for family being unsure of discharge plans. The interventions included to educate the resident and family about possible discharge plans.</p> <p>A nursing note dated 1/28/2020 revealed the Nurse Navigator met with the Medical Power of Attorney (MPOA). The Notice of Medicare Non-Coverage (NOMNC) was issued with the last day of coverage being 1/30/2020. Resident #3 remained in the facility with a private payer source.</p> <p>Resident #3 ' s minimum data set assessment dated 3/21/20 revealed she was assessed as severely cognitively impaired. She required extensive assistance with bed mobility, transfers, dressing, toilet use, and personal hygiene. She required supervision with eating and totally dependent on staff for locomotion on and off unit.</p> <p>A review of Resident #3 ' s chart revealed there was not a completed Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN) for Resident #3.</p> <p>During an interview on 7/15/2020 at 8:52 AM the Medical Power of Attorney (MPOA) for Resident #3 stated she received invoices from the facility but had never been told how much she was liable for if her appeals were denied for Medicare Part A coverage.</p> <p>During an interview on 7/15/2020 at 10:10 AM the Nurse Navigator stated Resident #3 did get a notice of Medicare non-coverage (NOMNC) letter for therapy. She further stated the responsible party appealed the notification of non-coverage</p>	F 582	<p>"Resident #3 no longer in Facility Resident 3</p> <p>II. METHODS TO IDENTIFY ANY OTHER RESIDENTS WHO MIGHT BE AFFECTED</p> <p>"Finance Counselor will conduct a baseline audit of all current resident to ensure that an ABN with daily room charges are filed when needed.</p> <p>"Audit will be completed by 7/31/2020</p> <p>III. SYSTEMIC CHANGES</p> <p>Finance Counselor was educated by the Administrator on 7/24/2020 on the Medicaid/Medicare Coverage Liability notice policy.</p> <p>Baseline audit conducted by Finance Counselor and will continue to monitor weekly times 1 month and then monthly times three months and then quarterly thereafter.</p> <p>Finance manager will keep a monthly audit log of ABN to ensure completion.</p> <p>"The Administrator will review 5 ABN from the monthly log to ensure the ABN were performed correctly.</p> <p>IV. MONITORING PROCESS</p> <p>The Finance Counselor will review finding</p>		

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F 582	<p>Continued From page 3</p> <p>because the responsible party was unable to care for the resident at home. The responsible party voiced concerns about placement and finances as she had been turned down for assisted living. The resident did not qualify for assisted living because she refused to participate in therapy and could not walk.</p> <p>During an interview on 7/15/2020 at 11:34 AM the Business Office Manager stated Resident #3 was taken off Medicare Part A on 1/30/2020 and the MPOA requested an appeal so Resident #3 received therapy until 2/4/2020 when they received a response that the appeal had been denied. He further stated he only completed an SNFABN for residents going off Medicare Part B which covered therapy after Medicare Part A had been exhausted. He stated if someone goes off Medicare Part A due to refusal of therapy the resident or responsible party would not receive and SNFABN. He stated Resident #3 was on Medicare Part A and discharged from Medicare Part A which was why she did not get a SNFABN.</p> <p>During an interview on 7/15/2020 at 12:28 PM the Administrator stated the process for the SNFABN should have been followed for Resident #3. He concluded by review of the documentation available the process was not followed for Resident #3 and the process would be corrected.</p>	F 582	<p>from the audit of the ABNs and bring the results to the monthly Quality Assurance and Performance Improvement committee for further recommendations as needed until compliance is maintained.</p> <p>Date of Compliance 7/31/2020</p>		