

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

PRINTED: 06/15/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345381</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/11/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>VILLAGE CARE OF KING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>440 INGRAM ROAD</b> <b>KING, NC 27021</b>		
(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	
E 000	Initial Comments	E 000			
F 000	An unannounced recertification and complaint investigation survey were conducted on 05/08/23 through 05/11/23. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #5QL311.  INITIAL COMMENTS	F 000			
F 582 SS=D	A recertification and complaint investigation survey were conducted from 05/08/23 through 05/11/23. Event ID# 5QL311. The following intakes were investigated NC00193545 and NC00200949.  0 of the 2 complaint allegations resulted in deficiencies.  Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v)  §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.  §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and	F 582		6/5/23	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/02/2023

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>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.</p> <p>(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.</p> <p>(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.</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: Based on staff interviews and medical record review, the facility failed to provide a CMS-10055 (Centers for Medicare and Medicaid Services) Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) prior to discharge from Medicare part A services to one of three residents</p>	F 582	<p>1. Corrective action for the resident affected by the alleged deficient practice:</p> <p>Resident #77 was not provided with an Advanced Beneficiary Notice (ABN) form following resident receiving a Notice of</p>		

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F 582	<p>Continued From page 2 (Resident #77) reviewed for SNF Beneficiary Protection Notification Review.</p> <p>Findings included:</p> <p>Resident #77 was admitted to the facility on 1/28/23. Medicare part A services began on the date of admission.</p> <p>The medical record revealed a CMS-10123 Notice of Medicare Non-Coverage letter (NOMNC) was signed by Resident #77 on 3/21/23. The notice indicated that Medicare coverage for skilled services was to end 3/23/23. Resident #77 remained in the facility when Medicare coverage ended for an additional four weeks, and discharged home on 4/24/23.</p> <p>The medical record further revealed a CMS-10055 SNF ABN was not provided to the resident or resident representative.</p> <p>A telephone interview was conducted with the Social Worker Director on 5/11/23 at 1:59 PM. She shared staff (included Social Work, Business Office Manager, Therapy Director and Minimum Data Set Nurse) met weekly and discussed each resident who received services under Medicare part A. She explained the team discussed the anticipated last covered day of Medicare services and she completed the NOMNC form and ABN form (if resident planned to remain in the facility) and provided it to the resident or resident representative. The Social Worker Director explained that she was not employed at the facility during the time Resident #77 received care.</p> <p>During a telephone interview with the former</p>	F 582	<p>Medicare Non-Coverage letter (NOMNC)with no negative outcomes. Resident no longer resides in facility.</p> <p>2. Corrective action for those residents having the potential to be affected by the alleged practice:</p> <p>All residents that receive skilled therapy services have the potential to be affected by the alleged practice.</p> <p>An audit of all residents that were discharged in the past 30 days was completed on 5/11/2023 with no concerns noted.</p> <p>3. Measurements/systemic changes put in place to ensure the alleged practice does not occur again:</p> <p>New Social Services Director (SSD), Minimum Set Coordinators, and the Admissions Coordinator were re-educated on ABN form guidelines. The education included the purpose of the ABN form, steps on completing ABN forms, when a ABN form is to be issued, who the form is to be issued to and by whom, and documentation guidelines. This education was provided by the Administrator on 5/11/2023.</p> <p>New SSD will provide completed ABN form in the appropriate time frame to the resident/and/or resident's responsible party for the resident/resident's responsible party to review and acknowledge.</p>		

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F 582	<p>Continued From page 3</p> <p>Social Worker on 5/11/23 at 2:12 PM, she stated Resident #77's discharge goal was to return home after completion of therapy. She had provided the NOMNC notice to the resident and the family appealed the notice, but the appeal was denied. The former Social Worker explained after the appeal was denied, Resident #77's family made arrangements for the resident to remain in the facility until they finalized arrangements for a safe discharge home and the payor status became private pay. The former Social Worker stated she reviewed information with the family about the costs of paying privately but had not issued the written ABN to Resident #77 or her representative.</p> <p>The Administrator was interviewed by telephone on 5/11/23 at 2:50 PM. She thought the former Social Worker gave verbal information to Resident #77's family about facility charges after the Medicare services ended but was unable to locate the ABN form.</p>	F 582	<p>4. Corrective action will be monitored to ensure the alleged deficient practice will not reoccur:</p> <p>Administrator or designee will be responsible for auditing 3 residents medical records weekly for 12 weeks starting 5/15/2023. Audit results will be reviewed monthly for 6 months by the QAPI committee for compliance.</p>		