Based on the state survey ending on 8/18/2011 the surveyor noted that 2 out of 5 notices of Medicare Discharges had not been given timely. As a plan of correction to this issue, the Director of Nursing provided an in-service to the MDS coordinator in regards to the appropriate time frame to deliver the notice of discharge to allow for service appeal. This in-service was provided on 8-18-2011. The same in-service was given to the interdisciplinary team on 8-22-2011. All notices will be given 48 hours prior to the date of non-Medicare coverage. The Director of Nursing will be responsible for following up with the MDS coordinator weekly to ensure compliance.
**PERSON OF MEM HOSP SNF REGINALD HARRIS ANNEX**

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<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
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| F 156      |     | Continued From page 2  
Includes a written description of the facility's policies to implement advance directives and applicable State law.  
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 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 a two days notice of Medicare Non-Coverage ending for 2 of 5 notices reviewed. (Residents #9 and #30)

Findings included:

Interview on 8/17/11 at 3 p.m. with the DON (Director of Nurses) revealed the facility does not have a written policy and procedure for providing notification of Medicare provider non-coverage.

Interview on 8/17/11 at 11:25 a.m. with the office business manager revealed the director of rehabilitation and the MOS coordinator were responsible for notification of non-Medicare coverage.

1. Review of the "Notice of Medicare Provider..."
Non-Coverage form for Resident #9 revealed the end of coverage date was 5/25/11. The resident's representative signed and dated this notification on 5/24/11. Interview on 8/17/11 at 12:20 p.m. with the DON and MDS coordinator indicated that an attempt to reach Resident #9's representative was unsuccessful so the letter was signed on 5/24/11. There was no written evidence that the facility attempted to have the form signed or notified the responsible party before 5/24/11.

2. Review of the "Notice of Medicare Provider Non-Coverage" form for Resident #30 revealed a check mark for physical therapy (PT) and occupational therapy (OT) coverage to end. There was no date in the space designated for the end date. The back of the form revealed a handwritten date with an end coverage on 5/3/11. On 8/17/11 at 12:20 p.m. an interview with the DON and MDS coordinator confirmed that the Medicare coverage for PT and OT would end on 5/3/11. Continued review revealed Resident #30 signed the form on 5/3/11 (the same date for the end of Medicare coverage).

Interview on 8/17/11 at 12:41 p.m. with the DON and the MDS coordinator was held. The DON indicated her expectations were to provide at a minimum 48 hour prior notice (from the date of Medicare provider non coverage) to the resident or representative.

Interview on 8/18/11 at 9:50 a.m. with the administrator revealed his expectation was his staff provides the appropriate notice at the appropriate time.
K018 SS=D
NFPA 101 LIFE SAFETY CODE STANDARD
Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1/2 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3
Roller latches are prohibited by CMS regulations in all health care facilities.

This STANDARD is not met as evidenced by:
A. Based on observation on 09/21/2011 the privacy curtains in rooms 206,205,207,208,209,242 and Therapy can stop the residents from closing and latch. 42 CFR 483.70 (a)

K038 SS=D
NFPA 101 LIFE SAFETY CODE STANDARD
Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1

On Sept 21 during annual life safety survey for the Person Memorial hospital extended care facility-Reginald B. Harris Annex, the facility was found to have curtains in multiple rooms that could possibly impede closure of doors that exited from the following rooms:
205,206,207,208,209,242 and the therapy gym. As a plan of correction, all rooms on the Extended Care unit were evaluated for any doors being impeded by any objects.
Rooms were measured by the Maintenance Director and curtain tracks were ordered. All rooms found to be out of compliance will have the new tracks installed with a compatible curtain placed on each new track. All rooms will be evaluated after track and curtain installations to ensure that no fixtures or curtains impede exit from rooms. This surveillance will be completed by the hospital maintenance department. All installations will be completed by 11/01/2011

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 required to continued program participation.

J. W. 10/01/11
**Summary Statement of Deficiencies**

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<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>Description</th>
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<tr>
<td>K 038</td>
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<tr>
<td>K 038</td>
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<td>On Sept 21 during annual life safety survey for the Person Memorial hospital extended care facility-Reginald B. Harris Annex the facility was noted to have two sets of doors that did not have the appropriate lock delay in place. Not having this delay prevents the doors from being readily accessible for exit. As a plan of correction, the facility has contracted with Simplex. This company is placing a lock delay on the doors that would allow the doors to remain unlocked until they are manually reset. All doors in the facility were evaluated for the same or a similar deficiency. Monthly surveillance will be done on all doors to ensure compliance. Simplex will have the doors found to be out of compliance functioning properly by 1/1/2011. Monthly surveillance will be ongoing by the hospital maintenance department.</td>
<td>1/1/2011</td>
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