DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE PROVIDER # MULTIPLE CONSTRUCTION DATE SUF NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM A. BUILDING:		ENT OF HEALTH AND HUMAN SERVICES A FOR MEDICARE & MEDICAID SERVICES "A" FOR						
NAME OF PROVIDER OR SUPPLER STREET ADDRESS, CITY, SIME, PICODE MUTUMN CARE OF FAYETTEVILLE STREET ADDRESS, CITY, SIME, PICODE MP FAYETTEVILLE, NC PREFIX SUMMARY STATEMENT OF DEFICIENCIES F 156 483.10(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 services that the facility offers and for which the resident may not be charged; those other items and services that facility offers and for which the resident may not be charged; of soce 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 synthese available in the facility's per diem rate. The facility must furnish a written description of legal rights which includes: 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 ext	STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM				DATE SURVEY COMPLETE:			
AITUMN CATE OF FAYETTEVILLE III 141 71ST SCHOOL ROAD FAYETTEVILLE, NC IIII AG IIIII AG IIIIIIIIIIIIIIIIIIIIII			345553	B. WING	12/11/2014			
PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES F 156 483.10(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; 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 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 flunds, 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 t			1401 71ST SCHOOL ROAD					
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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.		 his or her rights and all rules and regulin the facility. The facility must also punder §1919(e)(6) of the Act. Such norresident's stay. Receipt of such inform. The facility must inform each resident admission to the nursing facility or, which services that are included in nursing fabe charged; those other items and serv and the amount of charges for those seand services specified in paragraphs (5). The facility must inform each resident resident's stay, of services available in services not covered under Medicare of The facility must furnish a written describility. 	ations governing re- provide the resident offication must be n hation, and any amer who is entitled to M hen the resident becc- cility services under ices that the facility rvices; and inform e (b)(i)(A) and (B) of the before, or at the tim the facility and of c or by the facility's per cription of legal right	sident conduct and responsibilities duri with the notice (if any) of the State dev hade prior to or upon admission and du adments to it, must be acknowledged in ledicaid benefits, in writing, at the time ones eligible for Medicaid of the items the State plan and for which the reside offers and for which the resident may be ach resident when changes are made to his section. The of admission, and periodically during harges for those services, including any r diem rate.	ing the stay reloped ring the a writing. e of a and ent may not be charged, o the items g the			
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		 A description of the requirements and to request an assessment under section resources at the time of institutionalizar resources which cannot be considered medical care in his or her process of spectral care in his or her process of spectral care in his or her process of spectral care in the state survey and certification agent protection and advocacy network, and file a complaint with the State survey a misappropriation of resident property requirements. The facility must inform each resident for his or her care. The facility must prominently display 	procedures for estable 1924(c) which detend attributes to available for payme bending down to Me ephone numbers of a cy, the State licensu the Medicaid fraud and certification age in the facility, and n of the name, specia	olishing eligibility for Medicaid, includ rmines the extent of a couple's non-exe o the community spouse an equitable s nt toward the cost of the institutionalized icaid eligibility levels. all pertinent State client advocacy grou re office, the State ombudsman prograt control unit; and a statement that the re ncy concerning resident abuse, neglect on-compliance with the advance direct lty, and way of contacting the physician n information, and provide to residents	empt hare of ed spouse's ps such as m, the esident may , and ives n responsible and			

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

The above isolated deficiencies pose no actual harm to the residents

	FOR MEDICARE & MEDICAID SERVICES	PROVIDER #	MULTIPLE CONSTRUCTION	"A" FO DATE SURVEY		
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM			A. BUILDING:			
OR SNFs AN		245552	A. DOILDING.	COMPLETE:		
		345553	B. WING	12/11/2014		
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF FAYETTEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE				
		1401 71ST SCHOOL ROAD FAYETTEVILLE, NC				
)						
REFIX AG	SUMMARY STATEMENT OF DEFICIE	ENCIES				
F 156	Continued From Page 1					
	This REQUIREMENT is not met as e					
		Based on record reviews and staff interviews, the facility failed to inform a family member of a copayment after 20 days of Medicare coverage for 1 of 1 sampled resident (Resident #127)				
	after 20 days of Medicare coverage for 1 of 1 sampled resident. (Resident #127)					
	The findings included:					
	Resident # 127 was admitted to the facility on 4/22/2014 with diagnoses of Hypertension, Diabetes and					
	Depression. The Minimum Data Set (MDS) dated 6/19/2014 indicated the resident had no problem with his					
	long or short term memory.					
	Review of the communication form dated 4/22/2014 revealed the resident had used up 14 days and 6 days					
	was left of his 20 days before the admission to the facility. The 6 days covered by Medicare was to begin					
	4/22/2014 until $4/27/2014$. The communication form also indicated the resident had a private insurance which was going to pay the resident 's stay at the facility between $4/28/2014$ until $5/7/2014$. The communication					
	form further revealed beginning 5/8/2014, the resident was going to pay the facility a co payment of \$ 152 per					
	day after Medicare payment. Further review of the communication form did not reveal the resident or the					
	family member 's signature acknowledging understanding of the payment contract.					
	During the phone interview on 12/11/2014 at 11:00 AM, Resident # 127 's family member reported no one at					
	the facility had explained to her that she was going to be responsible for the daily copayment for the resident 's stay at the facility beginning 5/8/2014 until 7/9/2014. She added the facility wanted her to pay \$7262 and					
	asked her to sign a promissory note for the payment during her husband 's discharge on 7/9/2014.					
	During the interview on $12/11/2014$ at 1:00 PM, the Administrator reported that they recently initiated a form					
	During the interview on 12/11/2014 at 1: 00 PM, the Administrator reported that they recently initiated a form which the families will be signing after reviewing their payment responsibilities before a resident admission					
	to the facility.					
	During the interview on 12/11/2014 at	1:30 PM. the Medic	al record staff reported during Resider	nt # 127 ' s		
	admission on 4/22/2014, she had explained the payment responsibility to the family member but did not have					
	a place for the resident or the family member to sign the contract on the day of the resident 's admission to					
	the facility.					
	During the interview on 12/11/2014 at					
	new form recently to have families sign acknowledging understanding of their payment responsibilities. She					
	added the form was initiated after Resident # 127 family member had concerns about her husband 's money payment at the facility.					

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