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. The above isolated deficiencies pose no actual harm to the residents.

Event ID: 52G511
This REQUIREMENT is not met as evidenced by:

Based on staff interviews and documentation, the facility failed to provide evidence that a Medicare non-coverage letter was issued to a resident/responsible party prior to Medicare benefits ending (Resident #35) and the facility also failed to provide evidence a Medicare non-coverage letter was issued to a resident/responsible party (Resident #85) two days prior to Medicare services were ending for 2 of 4 sampled residents reviewed for Medicare liability notices.

The findings included:

1. Review of Resident #35's Minimum Data Set (MDS) dated 1/29/15 revealed that Resident #35 was readmitted to the facility on 10/6/14 on Medicare and Medicare coverage ended on 11/26/14.

   During an interview on 3/18/15 at 11:05 AM, the Administrator revealed that Resident #35 transitioned to Medicaid in October, 2014. He stated that he could not find a Medicare non-coverage letter for Resident #35 and he revealed that the resident currently resided in the facility. He stated that he could not find where the Social Worker issued a Medicare non-coverage letter.

   During an interview on 3/18/15 at 3:51 PM, the facility Social Worker stated that she was not able to find a Medicare non-coverage letter for Resident #35. The facility Social Worker explained that residents in Rehabilitation therapy choose their own dates in consultation with therapy about when they plan to finish therapy services. She revealed that a Medicare non-coverage letter was completed even though residents in Rehabilitation therapy end their own services. The Social Worker reported that she and the therapist communicate with each other. The Social Worker explained the process of how Medicare non-coverage letters were issued. She revealed that she would notify the Administrator when Medicare services ended, the Administrator would complete the Medicare non-coverage letter and when he completed the document then she would talk to the resident.

   During an interview on 3/18/15 at 4:57 PM, the Administrator revealed that residents plan with therapy when they want to end therapy services and he revealed that over one hundred Medicare non-coverage letters had been issued in the past year to make sure residents were being notified. The Administrator explained that there was a problem of when to issue the Medicare non-coverage letters since short term residents set their own date for discharge and some residents transitioned from short term to long term care and remained in the facility.

2. Review of Resident #85's Medicare non-coverage letter revealed that Medicare coverage ended on 10/21/14 and Resident #85 signed the document on 10/21/14.
Review of a Social Work note dated 10/20/14, read in part, "Elder signed the notice of Medicare provider non-coverage form on this date." (10/20/14).

During an interview on 3/18/15 at 3:51 PM, the facility Social Worker explained that residents in Rehabilitation therapy choose their own dates in consultation with therapy about when they plan to finish therapy services. She revealed that a Medicare non-coverage letter was completed even though residents in Rehabilitation therapy end their own services. The Social Worker reported that she and the therapist communicate with each other. The Social Worker explained the process of how Medicare non-coverage letters were issued. She revealed that she would notify the Administrator when Medicare services ended, the Administrator would complete the Medicare non-coverage letter and when he completed the document then she would talk to the resident.

During an interview on 3/18/15 at 4:57 PM, the Administrator revealed that residents plan with therapy when they want to end therapy services and he revealed that over one hundred Medicare non-coverage letters had been issued in the past year to make sure residents were being notified. The Administrator explained that there was a problem of when to issue the Medicare non-coverage letters since short term residents set their own date for discharge and some residents transitioned from short term to long term care and remained in the facility.