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| STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs | PROVIDER # 345228 | MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | DATE SURVEY COMPLETE: 11/7/2019 |
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| NAME OF PROVIDER OR SUPPLIER RIDGEWOOD LIVING & REHAB CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 1624 HIGHLAND DRIVE WASHINGTON, NC |
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| ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES |
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| F 582 | <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 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. (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. (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. (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. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide a Centers for Medicare and Medicaid Services (CMS) Skilled Nursing Facility Advanced Beneficiary Notice prior to discharge from Medicare Part A skilled services for 1 of 3 residents reviewed for beneficiary protection notification review (Residents #88).</p> <p>The findings included:</p> <p>Resident #88 was admitted to the facility on 6/7/19 with diagnoses that included diabetes mellitus and pneumonia. A review of a quarterly Minimum Data Set (MDS) assessment dated 9/11/19 revealed Resident #88 was moderately cognitively impaired.</p> <p>Resident #88's Medicare Part A skilled services ended on 7/26/19. He remained in the facility. Record review revealed that Resident #88 was not given the CMS-10555 Skilled Nursing Facility Advanced</p> |
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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

The above isolated deficiencies pose no actual harm to the residents

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| F 582 | <p>Continued From Page 1</p> <p>Beneficiary Notice (SNF-ABN).</p> <p>During an interview with the Business Office Manager on 11/5/19 at 11:33 AM she stated the social worker was responsible to inform the resident or the resident representative that Medicare Part A skilled services were ending with benefit days remaining at least three days prior to termination of services. She stated the social worker was no longer employed by the facility.</p> <p>During an interview with the Administrator on 11/7/19 at 3:05 PM he indicated the CMS-10555 SNF-ABN should have been provided to the resident or resident representative as required by the CMS Federal guidelines.</p> |
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