| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 345487 | A. BUILDING _____ B. WING _____ MAY 04 2011 | 04/07/2011 |

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| BRITTHAVEN OF HAVELOCK | 110 MCCOTTER BLVD HAVELOCK, NC 28532 |

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| F 156 SS=B | 483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES<br><br>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.<br><br>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 that the facility offers and for which the resident may be charged, and the amount of charges for those 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.<br><br>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.<br><br>The facility must furnish a written description of legal rights which includes:<br>A description of the manner of protecting | F 156 | Cherry Point Bay Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this plan of correction to the extent of findings is factually correct and in order to maintain compliance with applicable rules and provisions of qualty of care of residents. The plan of correction is submitted as a written allegation of compliance.<br>Cherry Point Bay's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Cherry Point Bay reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. | 4-29-11 |

| ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| Courtney Collies | Administrator | 4-29-11 |

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ollowing 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 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

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| F 156 | Continued From page 1<br>personal funds, under paragraph (c) of this section;<br><br>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.<br><br>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.<br><br>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and | F 156 | 483.10(b)(5)-(10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES<br><br>Residents #12, 15, 16, and 17 have been reviewed to ensure that there are no "Notice of Medicare Provider Non-Coverage" letters that currently need to be mailed. No concerns were identified.<br><br>All residents receiving Medicare skilled services including therapy have been reviewed to ensure that all appropriate SNF beneficiary notices have been mailed. No issues were identified.<br><br>The AR Bookkeeper has been re-trained by the Administrator on 4-27-11 regarding the requirements for notification of end of therapy/Medicare services and required letters to include which letters to use in each scenario and time requirements. | |

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| F 156 | Continued From page 2<br>applicable State law.<br><br>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record reviews and staff interviews the facility failed to give two days notice of Medicare NonCoverage ending for four ( Resident #12, 15, 16 and 17) of seven residents reviewed.<br><br>The findings are:<br><br>1. Review of an undated document titled, "Notice of Medicare Provider Non-Coverage" read in part, "The effective date coverage of your current ST (Speech Therapy) services will end : 9/17/10." The letter was signed by Resident #12's family member on 9/17/10.<br><br>During an interview on 4/7/11 at 9:15AM, the Business Office Manager revealed she had been writing the dates on the Medicare noncoverage letters when she mailed them as certified letters. She stated she would start taking the letters to the post office to get them post marked. She stated she would make corrections right away. | F 156 | Each time the AR Bookkeeper issues a beneficiary notice they will keep a copy of the beneficiary notice. A report will be printed from the postage machine showing the postmark date and stapled this to a copy of the beneficiary notice. The notices will be sent certified to ensure there is a record on when they are delivered or attempted to be delivered. When the facility receives a signed copy of the beneficiary notice this will also be stapled and filed with the copy and postmark information and placed in the residents finanical folder. The<br><br>Administrator or designee will serve as a backup for the AR Bookkeeper to ensure beneficiary notices are provided to responsible parties timely. | |

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| F 156 | Continued From page 3<br>During an interview on 4/7/11 at 9:25AM, the Administrator stated Medicare was reviewed on a daily basis to ensure residents were notified when the services ended. She stated she would try to track down the dates through the post office of when residents were notified or the date when letters were mailed to residents/family members. The Administrator stated therapy notified them seven days prior to resident's therapy ending. She stated that letters were mailed to residents the next day after the facility was notified by therapy. The Administrator revealed her expectation was that residents received notification before services ended.<br><br>2. Review of an undated document titled, "Notice of Medicare Provider Non-Coverage" read in part, "The effective date coverage of your current OT (Occupational Therapy) services will end : 12/31/2010." A receipt from a certified letter revealed the date the letter was delivered to Resident #15's home address was 1/12/11. The letter was signed by the resident's family member on 1/18/11.<br><br>During an interview on 4/7/11 at 9:15AM, the Business Office Manager revealed she had been writing the dates on the Medicare noncoverage letters when she mailed them as certified letters. She stated she would start taking the letters to the post office to get them post marked. She stated she would make corrections right away.<br><br>During an interview on 4/7/11 at 9:25AM, the Administrator stated Medicare was reviewed on a daily basis to ensure residents were notified when the services ended. She stated she would try to track down the dates through the post office of when residents were notified | F 156 | All members of the therapy department have been re-trained by the Administrator on 4-27-11 regarding the time requirements to send out SNF beneficiary notices. Therapy will be expected to notify the Administrative department of any planned discharges at least 7 days in advance or as soon as possible. | |

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| F 156 | Continued From page 4<br>or the date when letters were mailed to residents/family members. The Administrator stated that therapy notified them seven days prior to resident's therapy ending. She stated letters were mailed to residents the next day after the facility was notified by therapy. The Administrator revealed<br>her expectation was that residents received notification before services ended.<br><br>3. Review of an undated document titled, "Notice of Medicare Provider Non-Coverage" read in part, "The effective date coverage of your current Therapy services will end : 1/20/2011." The letter was signed by the Resident #16's family member on 1/20/11.<br><br>During an interview on 4/7/11 at 9:15AM, the Business Office Manager revealed she had been writing the dates on the Medicare noncoverage letters when she mailed them as certified letters. She stated she would start taking the letters to the post office to get them post marked. She stated she would make corrections right away.<br><br>During an interview on 4/7/11 at 9:25AM, the Administrator stated Medicare was reviewed on a daily basis to ensure residents were notified when the services ended. She stated she would try to track down the dates through the post office of when residents were notified or the date when letters were mailed to residents/family members. The Administrator stated therapy notified them seven days prior to resident's therapy ending. She stated letters were mailed to residents the next day after the facility was notified by therapy. The Administrator revealed<br>her expectation was that residents received | F 156 | All persons receiving Medicare skilled services will be reviewed daily by the Medicare team. Dates that SNF beneficiary notices have been mailed will be included on daily Medicare sheets. All beneficiary notices will be provided to the responsible party as soon as possible and at least 48 hours prior to discharge from the service. In addition to reviewing information at the daily Medicare meeting, audits will be conducted by the Administrator or designee weekly for 4 weeks and then monthly for 2 months to ensure that SNF beneficiary notices are sent to responsible parties timely. The Quality Assurance team will review audit results, discuss further needs for monitoring, and implement appropriate corrections as needed. | |

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| F 156 | Continued From page 5<br>notification before services ended.<br><br>4. Review of an undated document titled, "Notice of Medicare Provider Non-Coverage" read in part, "The effective date coverage of your current Speech Therapy services will end: 3/10/2011." A receipt from a certified letter revealed the date the letter was delivered to Resident #17's home address was 3/18/11. The letter was signed by the resident's family member on 3/23/11.<br><br>During an interview on 4/7/11 at 9:15AM, the Business Office Manager revealed she had been writing the dates on the Medicare noncoverage letters when she mailed them as certified letters. She stated she would start taking the letters to the post office to get them post marked. She revealed she would make corrections right away.<br><br>During an interview on 4/7/11 at 9:25AM, the Administrator revealed Medicare was reviewed on a daily basis to ensure residents were notified when the services ended. She stated she would try to track down the dates through the post office of when residents were notified or the date when letters were mailed to residents/family members The Administrator stated therapy notified them seven days prior to resident's therapy ending. She stated letters were mailed to residents the next day after the facility was notified by therapy. The Administrator revealed her expectation was that residents received notification before services ended. | F 156 | | |