

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345553	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 12/11/2014
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NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF FAYETTEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1401 71ST SCHOOL ROAD FAYETTEVILLE, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 156	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, 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 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.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>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.</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 156	<p>Continued From Page 1</p> <p>This REQUIREMENT is not met as evidenced by: 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)</p> <p>The findings included:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>During the interview on 12/11/2014 at 1:30 PM, the Medical record staff reported during Resident # 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.</p> <p>During the interview on 12/11/2014 at 2:30 PM, the Admission director reported the facility had initiated a 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.</p>
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