

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345155	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/06/2015
NAME OF PROVIDER OR SUPPLIER RANDOLPH HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 230 EAST PRESNELL STREET ASHEBORO, NC 27203		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS There were no deficiencies cited as a result of this complaint investigation survey of 4/6/15. Event ID #WFGV11.	F 000			
F 156 SS=B	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 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. 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,	F 156	1) We can't corrected the Notification time for Resident #281 and #113. 2) All residents who receive a non covered letter will be checked for compliance. 3) The Social Workers will Be in serviced on the Policy and procedures For non covered letters 4) The Social Workers will Monitor non covered Letter notices and report Their findings to the QA Committee for the next 3 Months. 5) Completion Date April 30, 2015		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Phoneme Jackson

Administrator

5/12/15

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 requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER RANDOLPH HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 230 EAST PRESNELL STREET ASHEBORO, NC 27203		
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F 156	<p>Continued From page 1</p> <p>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;</p> <p>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.</p> <p>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</p>	F 156			

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NAME OF PROVIDER OR SUPPLIER RANDOLPH HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 230 EAST PRESNELL STREET ASHEBORO, NC 27203		
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F 156	<p>Continued From page 2</p> <p>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> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview with staff the facility failed to provide Medicare Letters of Non-coverage at a minimum of two (2) days prior to the last covered day for Resident #281. The facility failed to provide a Medicare Letter of Non-coverage to Resident #113. This was evident in 2 of 3 Medicare Letters of Non-coverage reviewed. Finding included: Review of the " Medicare Letters of Non-coverage " procedure with a revision date of January 2013 read in part: (2)Notices are delivered to the resident or responsible party a minimum of two (2) days prior to the last covered day.</p> <ol style="list-style-type: none"> 1. Review of the Notice of Medicare non-coverage form for Resident #281 revealed the services for Medicare coverage would end on 12/22/14. The date of notice was 12/22/14. 2. Review of the Notices of non-coverage form revealed there was no letter provided to Resident # 113 or the responsible party (RP) to inform them that Medicare coverage would end on 12/06/14. <p>Interview on 4/2/15 at 2:26 pm with a business office staff (BOS #1 responsible for providing notices in 2014) and Business office manager (BOM) was held. BOS #1 indicated the facility</p>	F 156			

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F 156	Continued From page 3 reviewed the electronic care management board to determine when the Medicare non coverage would end and a minimum of 48 hour notice would be provided to the resident or RP. BOM confirmed this was the practice of the facility. Interview on 04/06/2015 4:18 PM with the administrator revealed her expectation was to have staff provide the notices at least 48 hours prior to the non-coverage date.	F 156			