

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345053	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 8/13/2015
NAME OF PROVIDER OR SUPPLIER PETTIGREW REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1515 W PETTIGREW STREET DURHAM, NC		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
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>		

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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NAME OF PROVIDER OR SUPPLIER PETTIGREW REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1515 W PETTIGREW STREET DURHAM, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 156	<p>Continued From Page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide the required liability non-coverage letter and appeal notice for 2 of 3 sampled residents(Resident #9 and #37).</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Resident #9 was admitted to the facility on 1/16/15. The Minimum Data Set dated 4/20/15, indicated Resident #9 had no cognitive impairments. Resident #9 was discharge home on 5/9/15 2. Resident #37 was admitted to the facility on 1/16/15. The Minimum Data Set(MDS) dated 2/12/15, indicated Resident #37 had no cognitive impairments. <p>Review of the financial and discharge record, Resident #9 and #37 was not provided with the liability non-coverage letter and appeals notice prior to discharge to inform them of their right to appeal the discontinuation of covered services (physical, speech and occupational)through Medicare.</p> <p>During an interview on 8/6/15 at 3:30PM, the regional business office manage indicated that the facility had a system in place to ensure residents would be informed when they were approaching the end of their Medicare days. The resident or responsible person would be provide the non-coverage letter several days in advance. She stated that every resident should receive a non- coverage letter prior to discharge. She indicated that she had looked in the resident ' s financial folder and the letter could not be located and there was no documentation that it was done.</p>
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