

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

PRINTED: 11/26/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345212	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/01/2024
NAME OF PROVIDER OR SUPPLIER BETHESDA HEALTH CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 3532 DUNN ROAD EASTOVER, NC 28301		
(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	
E 000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 10/29/2024 through 11/01/2024. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #8L6F11.	E 000			
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 10/29/2024 through 11/01/2024. Event ID# 8Q7G11. The following intakes were investigated NC00212687, NC00217370, NC00219231 and NC00222569.	F 000			
F 582 SS=D	11 of the 11 complaint allegations did not result in deficiency. Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §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. §483.10(g)(18) The facility must inform each	F 582		11/14/24	

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

TITLE

(X6) DATE

Electronically Signed

11/14/2024

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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F 582	<p>Continued From page 1</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews, the facility failed to provide the required Centers for Medicare and Medicaid Services (CMS) Notice of Medicare Non-Coverage (NOMNC) (form 10123) for 1 of 3 sampled residents reviewed for</p>	F 582	<p>1. Resident #49 could have been affected by this practice. The facility will ensure to give the proper notice of Medicare non-coverage, form 10123, to this resident and/or responsible party when</p>		

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F 582	<p>Continued From page 2</p> <p>beneficiary protection notification review (Resident #49).</p> <p>The findings included:</p> <p>Resident #49 was admitted to the facility on 01/27/2024 with Medicare Part A skilled services.</p> <p>Resident #49's Annual Minimum Data Set (MDS) assessment dated 09/30/2024 revealed she was severely cognitively impaired.</p> <p>Resident #49's Medicare Part A skilled services ended on 4/08/2024 and her Medicare Part A Skilled Nursing Facility benefit was not exhausted. She remained in the facility.</p> <p>Record review revealed no evidence that Resident #49 or the resident's Responsible Party (RP) was provided with the NOMNC.</p> <p>During an interview with the Secretary Assistant on 11/31/2024 at 10:51AM, she stated she provided the RP with the Skilled Nursing Facility Advance Beneficiary Notice (SNFABN) on 03/25/2024 but she failed to provide NOMNC notice. The Secretary Assistant stated she was not aware she should have provided the RP with the NOMNC notice due to the resident remaining in the facility and still having Medicare Part A days remaining. The Secretary Assistant indicated moving forward she would provide the NOMNC notice to the residents or RP as required by the federal guidelines.</p> <p>During an interview with the Administrator on 11/31/2024 at 11:05 AM, she stated Resident #49 remained in the facility after being discharged from rehab services and the RP should have</p>	F 582	<p>the facility plans to discontinue therapy/Medicare services.</p> <p>2. All residents could have been affected by this practice. The facility will ensure that all resident are given the correct notice of Medicare non-coverage, form 10123, and other mandatory forms, when the facility plans to discontinue Medicare/therapy services.</p> <p>3. The administrator, Caroline Horne, will inservice Karen Little, Admin assistant on the proper procedures when a resident is discontinued from Medicare/therapy services including the quick reference sheet, what forms needs to be filled out, sent, and signatures required.</p> <p>4. LaDean Hair, RN, QAPI will monitor this by using new QAPI form titled "Medicaid/Medicare coverage/liability notice" to ensure all proper forms are given and signed by resident and/or responsible party prior to being discharged from Medicare service(s). This form will be completed on each discharge weekly x's 4 and then monthly x's 4</p>		

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F 582	Continued From page 3 received the NOMNC as required by the federal guidelines.	F 582			