STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345501	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 7/9/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROASDAILE VILLAGE	**2600 CROASDAILE FARM DURHAM, NC**

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 156	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, including any charges for services not covered under Medicare or by the facility's per diem rate.

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.

The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.

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.

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

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY COMPLETE:
	345501	A. BUILDING: _____ B. WING _____	7/9/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CROASDAILE VILLAGE	2600 CROASDAILE FARM DURHAM, NC

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview the facility failed to provide a resident/responsible party with a Medicare provider non-coverage notification letter within 48 hours of the scheduled discontinuation of skilled services, for 1 of 3 residents (Residents #129) whose notifications were reviewed. The facility also failed to provide documentation requested for a demand bill for 1 of 1 residents reviewed for demand bills (Resident #129).

Findings included:

1a. A Medicare provider non-coverage letter reviewed for Resident #129 documented the last day of Medicare skilled nursing coverage was 3/2/2015. It was documented on the coverage letter that Resident #192's responsible party (RP) received notification via telephone on 2/26/15, but there was no subsequent documentation of the letter being sent to the RP nor was there a signature from the RP on the letter.

A review of facility records revealed that Resident#129's RP sent the facility a letter on 5/18/15 in response to communication from the facility ' s business office regarding a past due bill that stated that the RP was unaware of the bill and had never received proper non-coverage of Medicare services notification.

1b. A review of facility records revealed that Resident #129's RP requested a demand bill in May 2015. As of 7/9/2015, the facility had not submitted the required documentation to the Quality Improvement Organization (QIO).

In an interview with the Campus Administrator (CA) and Nursing Home Administrator (NHA) at 3:30 PM on 7/9/15, they stated that the facility usually sent a letter in addition to making the phone call to the RP regarding Medicare beneficiary notices and that the letter was usually sent with return receipt, but they were unable to find documentation that this was done for Resident #129. They reported that they were not sure why the documentation for the demand bill had not been submitted yet, but it was in the process of being converted to a DVD so that it could be submitted electronically as soon as possible. The CA and NHA stated that the business office transitioned from on-site (in the building) to on campus (another building) between March and May 2015 and that the person who was previously responsible for the demand bills was no longer doing them and it was now the responsibility of a different staff member and they believed the demand bill for this resident had slipped through the cracks during the transition. The NHA stated that it was her expectation that the Medicare notice of non-coverage and the demand bill be executed according to regulatory guidelines.