

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345392	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 3/16/2017
NAME OF PROVIDER OR SUPPLIER AMBASSADOR REHAB & HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2051 COUNTY CLUB ROAD WADESBORO, NC		
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F 156	<p>483.10(d)(3)(g)(1)(4)(5)(13)(16)-(18) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>(d)(3) The facility must ensure that each resident remains informed of the name, specialty, and way of contacting the physician and other primary care professionals responsible for his or her care.</p> <p>§483.10(g) Information and Communication.</p> <p>(1) The resident has the right to be informed of his or her rights and of all rules and regulations governing resident conduct and responsibilities during his or her stay in the facility.</p> <p>(g)(4) The resident has the right to receive notices orally (meaning spoken) and in writing (including Braille) in a format and a language he or she understands, including:</p> <p>(i) Required notices as specified in this section. The facility must furnish to each resident a written description of legal rights which includes -</p> <p>(A) A description of the manner of protecting personal funds, under paragraph (f)(10) of this section;</p> <p>(B) A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment of resources under section 1924(c) of the Social Security Act.</p> <p>(C) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State regulatory and informational agencies, resident advocacy groups such as the State Survey Agency, the State licensure office, the State Long-Term Care Ombudsman program, the protection and advocacy agency, adult protective services where state law provides for jurisdiction in long-term care facilities, the local contact agency for information about returning to the community and the Medicaid Fraud Control Unit; and</p> <p>(D) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community.</p> <p>(ii) Information and contact information for State and local advocacy organizations including but not limited to the State Survey Agency, the State Long-Term Care Ombudsman program (established under section 712 of the Older Americans Act of 1965, as amended 2016 (42 U.S.C. 3001 et seq) and the protection and advocacy system (as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15001 et seq.) [§483.10(g)(4)(ii) will be implemented beginning November 28, 2017 (Phase 2)]</p> <p>(iii) Information regarding Medicare and Medicaid eligibility and coverage; [§483.10(g)(4)(iii) will be implemented beginning November 28, 2017 (Phase 2)]</p> <p>(iv) Contact information for the Aging and Disability Resource Center (established under Section 202(a)(20)</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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F 156	<p>Continued From Page 1</p> <p>(B)(iii) of the Older Americans Act); or other No Wrong Door Program; [§483.10(g)(4)(iv) will be implemented beginning November 28, 2017 (Phase 2)]</p> <p>(v) Contact information for the Medicaid Fraud Control Unit; and [§483.10(g)(4)(v) will be implemented beginning November 28, 2017 (Phase 2)]</p> <p>(vi) Information and contact information for filing grievances or complaints concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community.</p> <p>(g)(5) The facility must post, in a form and manner accessible and understandable to residents, resident representatives:</p> <p>(i) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups, such as the State Survey Agency, the State licensure office, adult protective services where state law provides for jurisdiction in long-term care facilities, the Office of the State Long-Term Care Ombudsman program, the protection and advocacy network, home and community based service programs, and the Medicaid Fraud Control Unit; and</p> <p>(ii) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulation, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, and non-compliance with the advanced directives requirements (42 CFR part 489 subpart I) and requests for information regarding returning to the community.</p> <p>(g)(13) The facility must 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> <p>(g)(16) The facility must provide a notice of rights and services to the resident prior to or upon admission and during the resident's stay.</p> <p>(i) 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.</p> <p>(ii) The facility must also provide the resident with the State-developed notice of Medicaid rights and obligations, if any.</p> <p>(iii) Receipt of such information, and any amendments to it, must be acknowledged in writing;</p>
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F 156	<p>Continued From Page 2</p> <p>(g)(17) The facility must--</p> <p>(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-</p> <p>(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;</p> <p>(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</p> <p>(ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in paragraphs (g)(17)(i)(A) and (B) of this section.</p> <p>(g)(18) 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/ 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. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to provide Medicare non-coverage letter indicating residents were notified at least 2 days prior to Medicare coverage ending for 1 of 3 residents reviewed (Resident #87). The findings included: Resident #87 was admitted to the facility on 10/25/16 and discharged from the facility on 11/12/16.</p>
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F 156	<p>Continued From Page 3</p> <p>A review of the Notice of Medicare Provider Non-Coverage letter revealed the effective date coverage would end was blank. The form was signed by Resident #87 on 11/11/16.</p> <p>On 3/14/17 at 2:03PM, the Social Worker provided a copy of the discontinuation of rehabilitation services for Resident #87. Physical therapy ended services on 11/9/16. Occupational Therapy ended services on 11/8/16. Speech therapy ended services on 11/11/16. The Social Worker stated the former Business Office Manager was completing the forms and giving them to the residents at that time. She stated she was aware that the Medicare non-coverage letter should be given to the resident at least 2 days prior to the services being discontinued.</p> <p>On 3/15/17 at 3:14PM, a telephone call was made to the former Business Office Manager and a message left with no return call.</p> <p>On 3/16/2017 at 8:55AM, an interview was conducted with the Administrator who stated his expectation was for the Medicare non-coverage letter to be given to the resident at least 2 days prior to the Medicare coverage ending.</p>
F 174	<p>483.10(g)(6)(7)(i) RIGHT TO TELEPHONE ACCESS WITH PRIVACY</p> <p>(g)(6) The resident has the right to have reasonable access to the use of a telephone, including TTY and TDD services, and a place in the facility where calls can be made without being overheard. This includes the right to retain and use a cellular phone at the resident's own expense.</p> <p>(g)(7) The facility must protect and facilitate that resident's right to communicate with individuals and entities within and external to the facility, including reasonable access to:</p> <p>(i) A telephone, including TTY and TDD services; This REQUIREMENT is not met as evidenced by: Based on observations, resident interviews, and staff interviews the facility failed to provide telephone access to a phone that maintained a strong enough signal to carry conversation without being overheard for 2 of 3 residents reviewed for phone use (Resident #58 and Resident #72).</p> <p>The findings included:</p> <p>1. a. Review of the medical record revealed Resident #72 was admitted to the facility on 11/10/16. Review of the significant change assessment for the Minimum Data Set (MDS) dated 2/10/17 revealed Resident #72's cognition was intact. Resident #72's diagnoses included peripheral vascular disease.</p> <p>b. Review of the medical record revealed Resident #58 was admitted to the facility on 12/1/16. Review of the comprehensive admission assessment for the Minimum Data Set (MDS) dated 12/1/16 revealed Resident #58's cognition was intact. Resident #58's diagnoses included stroke, right sided weakness from a stroke,</p>

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F 174	<p>Continued From Page 5</p> <p>During an interview with the facility Maintenance Director on 3/16/17 at 10:30 AM he stated that the portable resident phone worked all the way to both ends of the facility. The Maintenance Director then directed my attention to a black box above head level about halfway down the hall that Range Extender written on it. The Maintenance Director stated that the Range Extender devices amplified the signal of the residents' portable phone so that it would extend to both ends of the facility. This magnification and extension of the signal allowed the residents' portable phone to be functional throughout the facility so that residents would be able to utilize the residents' portable phone in their rooms. The Maintenance Director said that the boxes were not new and had been installed some time ago. The Maintenance Director stated that there was one of those boxes on each hallway. A demonstration was completed of the call quality of the residents' portable phone by the Maintenance Director. The Maintenance Director confirmed that the residents' portable phone worked in the hallway but he was unable communicate with the person on the other end of the line when he entered a room 14. He stated that there must have been interference from the block walls of the residents' rooms that blocked the signal. He stated that the residents could come out in the hallway, go to the nurses' station, or use the corded phone in the hallway if they wanted to talk on the phone.</p> <p>An interview with the Administrator on 3/16/17 at 10:50 AM revealed that his expectation was that the residents have privacy when talking on the phone and should be able to use the phone without being overheard.</p>
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