

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

PRINTED: 08/12/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/22/2022
NAME OF PROVIDER OR SUPPLIER IREDELL MEMORIAL HOSPITAL INC			STREET ADDRESS, CITY, STATE, ZIP CODE 557 BROOKDALE DRIVE STATESVILLE, NC 28677	
(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	E 000		
F 000	An unannounced Recertification Survey was conducted 7/19/2022 through 7/22/2022. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #P9X311.	F 000		
F 582 SS=B	<p>INITIAL COMMENTS</p> <p>An unannounced Recertification Survey and Complaint Investigation was conducted 7/19/2022 through 7/22/2022. Intake NC00180335 was investigated. All 3 allegations were unsubstantiated. Event ID# PX9311.</p> <p>Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v)</p> <p>§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.</p> <p>§483.10(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</p>	F 582		8/4/22

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

TITLE

(X6) DATE

Electronically Signed

08/04/2022

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>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 a Centers for Medicare and Medicaid Services (CMS) Skilled Nursing Facility Advanced Beneficiary Notice prior to discharge from Medicare Part A skilled services to 2 of 3 residents reviewed for beneficiary protection notification review (Residents #3 and #31).</p>	F 582	<p>F582 - Resident #3 was issued a SNF/ABN Notice by the Discharge Planner on August 3, 2022. Resident #31 had already discharged from the facility before the Discharge Planner could issue the SNF-ABN Notice.</p> <p>An audit was conducted on July 22, 2022, by the Director of Nursing, of all current</p>		

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F 582	<p>Continued From page 2</p> <p>Findings included:</p> <p>1. Resident #3 was admitted to the facility on 2/3/2022.</p> <p>A review of the medical record revealed a CMS-10123 Notice of Medicare Non-Coverage letter (NOMNC) was issued on 2/3/2022 to Resident #3 which explained Medicare Part A coverage for skilled services would end on 2/19/2022. Resident #3 remained in the facility at the time the survey was being performed from 7/19/2022 through 7/22/2022.</p> <p>A review of the medical record revealed a CMS-10055 Skilled Nursing Facility Advanced Beneficiary Notice (SNF-ABN) was not provided to Resident #3. The SNF-ABN form advises residents of the potential cost they will need to pay for skilled services that Medicare will not cover.</p> <p>An interview was completed with the Lead Unit Discharge Coordinator on 7/22/2022 at 9:13 AM. She stated she was not aware a SNF-ABN had to be issued if Medicare Part A days were remaining. She revealed that she had no training with SNF-ABN.</p> <p>An interview was completed with the Director of Nursing (DON) on 7/22/2022 at 9:20 AM. She stated that the lead unit discharge coordinator would handle SNF-ABN notices. She revealed that the notices have not been given out for remaining days and the residents should have been given a SNF-ABN notice.</p> <p>An interview was completed with the Administrator on 7/22/2022 at 10:23 AM. She</p>	F 582	<p>residents in-house to determine if there were any residents who were missed in receiving a SNF-ABN Notice. The audit found that the facility remained in compliance with rest of the residents in-house.</p> <p>The Interdisciplinary Team (DON, Patient Care Coordinator, Discharge Planner & LPN/MDS Nurse) received education on the Skilled Nursing Facility Advanced Beneficiary Notice (SNF-ABN) by the Administrator on July 22 & July 25, 2022.</p> <p>The Director of Nursing or designee will audit each discharge to determine if the resident will be discharging or staying in the facility after their Part A stay has finished. If the resident will continue their stay, the Director of Nursing or designee will ensure that the Discharge Planner or designee issues a SNF-ABN Notice to the resident. This audit began on July 25, 2022.</p> <p>The Administrator will review the discharge audits weekly to ensure regulatory compliance. These audits began on Monday, July 25, 2022 and were signed off by the Administrator starting Friday, July 29, 2022. These audits will also be presented to the QAPI Committee for review every 3 months for next 6 months to ensure compliance. The next QAPI meeting will be held on September 29, 2022.</p>		

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F 582	<p>Continued From page 3</p> <p>stated the facility should have issued the SNF-ABN to Resident #3. She explained this was an oversight by staff and that education would be provided immediately.</p> <p>2. Resident #31 was admitted to the facility on 7/1/2022.</p> <p>A review of the medical record revealed a CMS-10123 Notice of Medicare Non-Coverage letter (NOMNC) was issued on 7/1/2022 to Resident #31 which explained Medicare Part A coverage for skilled services would end on 7/13/2022. Resident #31 remained in the facility at the time the survey was being performed from 7/19/2022 through 7/22/2022.</p> <p>A review of the medical record revealed a CMS-10055 Skilled Nursing Facility Advanced Beneficiary Notice (SNF-ABN) was not provided to Resident #31. The SNF-ABN form advises residents of the potential cost they will need to pay for skilled services that Medicare will not cover.</p> <p>An interview was completed with the Lead Unit Discharge Coordinator on 7/22/2022 at 9:13 AM. She stated she was not aware a SNF-ABN notice had to be issued if Medicare Part A days were remaining. She revealed that she had no training with SNF-ABN.</p> <p>An interview was completed with the Director of Nursing (DON) on 7/22/2022 at 9:20 AM. The DON stated that the lead unit discharge coordinator handled SNF-ABN. She revealed that the notices had not been given out for remaining days and the residents should have been given a SNF-ABN notice.</p>	F 582		

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F 732 SS=C	<p>Posted Nurse Staffing Information CFR(s): 483.35(g)(1)-(4)</p> <p>§483.35(g) Nurse Staffing Information. §483.35(g)(1) Data requirements. The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law). (C) Certified nurse aides. (iv) Resident census. <p>§483.35(g)(2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors.</p> <p>§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data</p>	F 732		8/4/22	

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F 732	<p>Continued From page 5</p> <p>available to the public for review at a cost not to exceed the community standard.</p> <p>§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to include the resident census information on the posted nurse staffing sheets for 14 of 14 days reviewed for sufficient nurse staffing.</p> <p>Findings included:</p> <p>Review of the posted nurse staffing sheets from 7/8/2022 through 7/21/2022 revealed there was no documentation of the resident census information.</p> <p>An interview was completed on 7/22/2022 at 9:55 AM with the Director of Nursing (DON). The DON explained she would review the posted nurse staffing sheets but did not include the total census information. The DON expressed the hall nurses should update the census information on the posted nurse staffing sheet on each shift when there were changes. The DON stated it was an oversight and she would begin looking for the total census information section to be completed and updated with changes.</p>	F 732	<p>F0732 - The current staffing sheet was immediately updated on July 22, 2022, with the current census as opposed to only the opening / start of day census.</p> <p>To ensure public access to accurate staffing numbers and census, staffing sheets were audited by the Director of Nursing on July 22, 2022, to ensure accuracy and most up-to-date census numbers.</p> <p>The Director of Nursing provided immediate education on July 22, 2022, to the Unit Secretary and the Clinical Coordinators that were present to ensure all appropriate information was included on the staffing sheets. The Director of Nursing emphasized that all staffing sheets must include the date, the beginning and ending census and the staffing hours for all RN's, LPN's and CNA's as well as totals. The Clinical Coordinators who were not present on July 22 received their education on August 01, 2022.</p> <p>All staffing sheets will be audited by the Director of Nursing or designee daily beginning on July 25, 2022, to ensure</p>		

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F 732	Continued From page 6	F 732	<p>accurate census numbers are reflected on the staffing sheet as well all appropriate data.</p> <p>The Administrator will review these staffing sheet audits each week to ensure for regulatory compliance starting Friday, July 29, 2022 for the next 3 months. These audits will also be presented to the QAPI Committee at the next 2 quarterly meetings to ensure compliance. The next QAPI Meeting will be held on September 29, 2022.</p>		