

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

PRINTED: 12/02/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345250	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2024
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NAME OF PROVIDER OR SUPPLIER THE GREENS AT LINCOLNTON	STREET ADDRESS, CITY, STATE, ZIP CODE 515 S GENERALS BOULEVARD LINCOLNTON, NC 28093
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E 000	Initial Comments An unannounced Recertification survey was conducted on 11/4/2024 through 11/7/2024. The facility was found in compliance with the requirement CFR 483,73, Emergency Preparedness. Event ID #MRTG11.	E 000		
F 000	INITIAL COMMENTS A recertification survey was conducted from 11/4/2024 through 11/7/2024. Event ID# MRTG11	F 000		
F 582 SS=B	<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 covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items</p>	F 582		11/13/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/26/2024
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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>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 Centers for Medicare and Medicaid Services (CMS)-10055 Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) prior to discharge from Medicare Part A skilled services for 2 of 3 residents reviewed for beneficiary protection notification (Residents #60 and Resident # 253).</p> <p>Findings included:</p> <p>1. Resident #60 was admitted to the facility on</p>	F 582	<p>1. On 11/8/2024 Resident #60 was issued a Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) to the resident and her Responsible Party issued by the Business Office Manager (BOM). As of 11/8/2024 Resident #253 was receiving Medicare Part A services.</p> <p>2. All residents have the potential to be affected by this deficient practice. On 11/8/2024 an audit was conducted by BOM for the last 30 days for residents who should have received an SNF ABN,</p>		

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F 582	<p>Continued From page 2 08/28/2024</p> <p>A review of the Notice of Medicare NON-Coverage form dated 08/12/24 revealed the facility initiated Resident #60 discharge from Medicare Part A services on 10/28/24 and continued to stay in the facility. A Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) form was not issued to Resident #60 or her Responsible Party (RP).</p> <p>A joint interview was conducted with the Social Worker and the Business Manager on 11/06/24 at 9:00am. They revealed they were both trained in how to complete the discharge forms. They stated they issued the NOMNC to the residents and/or RP at least 2 days prior to discharge. They stated they were not aware they were supposed to issue the SNF ABN to the residents and/or RP prior to termination of Medicare Part A services for residents remaining in the facility. They revealed that they had explained to the residents and/or their RP that Medicare would no longer be paying for resident's therapy and if the resident wished to continue to stay at the facility and receive services resident would have to pay a per day cost of care privately or through Medicaid, but they did not issue an SNF ABN.</p> <p>An interview was conducted with the Administrator on 11/07/24 at 8:29am. The Administrator stated he was not aware the SNF ABN forms had not been completed and issued. The Administrator stated Resident # 60 requested to continue to stay at the facility on private pay status after Medicare stopped paying for her therapy after two weeks. The Administrator revealed the SBF ABN should have been issued to the Resident and/or RP. He stated he expected</p>	F 582	<p>and no other concerns were noted.</p> <p>3. The Business Office Manager, Social Services Director and the Administrator were educated on Beneficiary Notice Guidelines by the Regional Director of Business Office Services on 11/12/2024. Education will be provided to newly hired business office personnel and social workers by Administrator upon hire.</p> <p>4. The Administrator or designee will audit discharges daily for 4 weeks for proper use of the SNF ABN prior to discharge from Medicare Part A service then weekly for 2 months. Results of these audits will be brought before the Quality Assurance and Performance Improvement Committee monthly with the QAPI Committee responsible for ongoing compliance.</p> <p>5. Date of Compliance is 11/13/2024.</p>		

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F 582	<p>Continued From page 3</p> <p>his staff to complete the required forms timely and correctly. He stated he was new to this facility and will provide retraining to the Social Worker and the Business Manager to properly complete the required discharge paperwork going forward.</p> <p>2. Resident # 253 was admitted to the facility on 07/01/24.</p> <p>A review of the Notice of Medicare NON-Coverage form dated 08/12/24 revealed the facility initiated Resident # 253 discharge from Medicare Part A services on 08/15/24 and the resident continued to stay in the facility. A Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) form was not issued to Resident #253 or her Responsible Party (RP).</p> <p>A joint interview was conducted with the Social Worker and the Business Manager on 11/06/24 at 9:00am. They revealed they were both trained in how to complete the discharge forms. They stated they issued the NOMNC to the residents and/or RP at least 2 days prior to discharge. They stated they were not aware they were supposed to issue the SNF ABN to the residents and/or RP prior to termination of Medicare Part A services for residents remaining in the facility. They revealed that they had explained to the residents and/or their RP that Medicare would no longer be paying for resident's therapy and if the wished to continue to stay at the facility and receive services resident would have to pay a per day cost of care privately or through Medicaid, but they did not issue an SNF ABN.</p> <p>An interview was conducted with the Administrator on 11/07/24 at 8:29am. The Administrator stated he was not aware the SNF</p>	F 582			

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F 582	Continued From page 4 ABN forms had not been completed and issued. The Administrator revealed the SBF ABN should have been issued to the Resident and/or RP. He stated he expected his staff to complete the required forms timely and correctly. He stated he was new to this facility and will provide retraining to the Social Worker and the Business Manager to properly complete the required discharge paperwork going forward.	F 582			
F 745 SS=E	Provision of Medically Related Social Service CFR(s): 483.40(d) §483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on record review, and resident, staff, and pulmonology office staff interviews, the facility failed to schedule a sleep study per the Pulmonologists recommendations for 1 of 3 residents reviewed for respiratory care (Resident #64). The findings included: Resident #64 was admitted to the facility on 3/18/21 with diagnoses that included chronic pain and atrial fibrillation. A quarterly Minimum Data Set for Resident #64 dated 8/23/24 revealed the resident was cognitively intact with no respiratory issues noted. Review of pulmonologist note dated 7/03/24 revealed Resident #64 had been seen for scheduled office visit on 7/03/24 for the following	F 745	1. A new sleep study appointment for Resident #64 was scheduled for 12/9/2024. 2. All residents with provider recommendations for appointments have the potential to be affected by deficient practice. On 11/8/2024 an audit of the appointment schedule for the last 30 days was conducted by Social Service Director for any missed or canceled appointments. Appointments were scheduled for the identified residents by the SSD 3. The Director of Nursing educated the Social Services Director, Administrator and nursing unit managers on the importance of ensuring all residents have appointments scheduled per provider recommendations on 11/8/2024. Education will be provided to all newly hired social workers, appointment	11/13/24	

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F 745	<p>Continued From page 5</p> <p>issues: acute respiratory infection, shortness of breath, chronic rhinitis and morbid obesity. Order referrals were made for Resident #64 to have scheduled a pulmonary function test and split sleep study test by a sleep provider only.</p> <p>A telephone interview was conducted on 11/06/24 at 1:43 PM with the Pulmonology Office Manager. The Office Manager revealed Resident #64 was seen for a scheduled office visit with the pulmonologist on 7/03/24 for acute respiratory infection, shortness of breath, morbid obesity, and chronic rhinitis and the pulmonologist recommended a pulmonary function test and sleep study to be completed at their sleep center. He stated their office had scheduled Resident #64 a sleep study at their sleep center for 7/22/24 and that appointment was cancelled by the facility and rescheduled for 7/24/24. He revealed the sleep study appointment scheduled for 7/24/24 was also cancelled by the facility and rescheduled again for 7/31/24 and that appointment was also cancelled by the facility and there had been no further sleep study appointments scheduled. The Office Manager was not able to provide the name of the facility staff who had called and cancelled the sleep studies for Resident #64. He revealed Resident #64 had a pulmonary function test completed at their office on 8/27/24 and the pulmonology appointment scheduled for 9/04/24 to review the sleep study findings was cancelled by the provider due to no sleep study results available.</p> <p>An interview conducted on 11/04/24 at 11:39 AM with Resident #64 revealed she had been seen by her pulmonologist a couple of months ago and he referred her for a sleep study. She stated she was supposed to have the sleep a few weeks</p>	F 745	<p>schedulers and transportation personnel by the DON or Administrator upon hire. Nurse Managers will input consult and follow-up appointment orders into PCC as they receive them. The order summary report will be reviewed in clinical morning meeting then given to the transportation/scheduler and Social Services Director at that time to ensure appointment and transportation are scheduled with the appropriate provider.</p> <p>4. Director of Nursing or designee will monitor 5 appointments each week for 12 weeks to ensure residents appointments scheduled per provider recommendations. Results of these audits will be brought before the Quality Assurance and Performance Improvement Committee (QAPI) monthly with the QAPI committee responsible for ongoing compliance.</p> <p>5. Date of compliance is 11/13/2024.</p>		

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F 745	<p>Continued From page 6</p> <p>after that appointment and the appointment was cancelled and had never been rescheduled. She revealed she was currently having no issues with breathing, no respiratory issues or infections, no problems with sleeping, and was not currently on any oxygen to assist her with breathing. Resident #64 stated her pulmonologist ordered for her to have a sleep study and she felt that was what she should do to make sure there was nothing wrong and would like for the facility to reschedule her appointment.</p> <p>A review of the facility transportation logs for July 2024 through November 2024 revealed a scheduled appointment to pulmonologist on 8/27/24 completed for Resident #64 and no scheduled appointments for a sleep study.</p> <p>Attempt to contact the previous scheduler was not successful.</p> <p>An interview was conducted on 11/07/24 at 11:31 AM with the Unit Manager (UM). The UM revealed she was familiar with Resident #64 and had not been made aware of any orders or referrals for a sleep study to be obtained. The UM stated typically when a resident was transported to an outside provider, any notes or orders from that visit would be given to her by the transporter so she could upload those into the computer and inform the physician. She revealed the previous facility transporter who left at the end of July or first of August was also responsible for scheduling resident appointments, so he would have been the person responsible for making sure Resident #64 sleep study appointment was scheduled, cancelled, and rescheduled. The UM also revealed Resident #64 had never mentioned to her about not receiving her sleep study or her</p>	F 745			

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F 745	<p>Continued From page 7</p> <p>appointment being cancelled. She stated she had no knowledge as to why the sleep study for Resident #64 had been cancelled, why a new appointment had not been rescheduled, and why the reason for the cancellation had not been documented. She stated Resident #64 should have received her sleep study as ordered and she would be calling to speak with the pulmonology office to reschedule Resident #64's sleep study appointment.</p> <p>An interview was conducted on 11/07/24 at 12:15 PM with the Social Work (SW) Director. The SW Director revealed the previous scheduler for appointments and transportation had resigned at the first of August 2024 and she was currently filling in the role as the scheduler and they were using a transport company until they were able to hire a new facility scheduler/ transporter. The SW Director stated typically when a resident was seen for an appointment outside of the facility, either the resident or transporter would bring back the notes or orders from the appointment and give them to the UM or nursing staff. She revealed if the resident or transporter did not return with any notes or orders then she (SW Director) or nursing staff would contact the provider and ask for the visit notes to be sent to the facility. The SW Director stated she was currently responsible for scheduling resident appointments, scheduling transport company, and cancelling any appointments. The SW Director revealed she was not aware of Resident #64 ever having an appointment scheduled for a sleep study and Resident #64 had never mentioned the sleep study to her. When she reviewed the appointment and transport logs for July 2024 she could not find where any sleep study appointments had been scheduled for</p>	F 745			

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F 745	<p>Continued From page 8</p> <p>Resident #64. She revealed the pulmonology office had called and cancelled Resident #64 appointment on 9/04/24 but she did not recall why the appointment had been cancelled. The SW Director stated Resident #64 sleep study should have been completed as ordered and she would contact the pulmonology office to reschedule the sleep study appointment.</p> <p>An interview was conducted on 11/07/24 at 12:20 PM with the Director of Nursing (DON). The DON stated she had only been employed at the facility since the first of October 2024 and was not aware of Resident #64 requiring a sleep study or that her appointments had been cancelled. She stated Resident #64 had shown no signs of any respiratory distress or problems sleeping and had not mentioned to her anything about needing a sleep study or missing her appointments. The DON revealed that she expected any orders or referrals to be followed, appointments to be made and followed through, and if a resident appointment had to be rescheduled staff document the reason.</p>	F 745		