

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035131	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/26/2024
NAME OF PROVIDER OR SUPPLIER Granite Creek Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1045 Scott Drive Prescott, AZ 86301	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47341</p> <p>Based on clinical record review and staff interviews, the facility failed to ensure one resident (#3) was received written notification of changes in charges to services during stay at the facility. The deficient practice could result in residents not being informed of their potential liability for payment.</p> <p>Findings include:</p> <p>Resident #3 was admitted on [DATE] with diagnoses of infection and inflammatory reaction due to internal left knee prosthesis and wedge compression fracture of T11-T12 vertebra.</p> <p>A review of the Admission Agreement signed by resident on November 1, 2023 revealed that changes in any charges based on a change in the Resident's condition shall be communicated prior to the effective date of the revised charges. It also included that if notice of changes in charges based on a change in the Residents condition was given orally, written notice shall be given within one (1) week following the effective date of the revised charges.</p> <p>The care plan initiated on November 3, 2023 included a discharge plan to return home. Goal was for the resident to verbalize/communicate understanding of the discharge plan and describe the desired outcome by the review date. Interventions included establishing a pre-discharge plan with the resident, family, or caregivers and evaluate progress and revise plan as needed.</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 15 indicating the resident had intact cognition.</p> <p>Review of the clinical record revealed that the resident was on IV (intravenous) Vancomycin antibiotic therapy for an infected prosthetic knee joint for 6 weeks (order date November 2, 2023); and, IV daptomycin (antibiotic-order date November 9, 2023) for infection.</p> <p>The November 2023 Medication Administration Record (MAR) revealed that IV Vancomycin was last administered and was discontinued on November 9, 2023.</p> <p>A review of the resident's census documentation since admission (November 2, 2023) revealed that there was a liability change on November 22, 2023.</p> <p>(continued on next page)</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 correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>However, the clinical record revealed no evidence that resident #3 received a written notice regarding the change in liability for payment. There was also no documentation that the resident was notified of change liability for payment.</p> <p>Review of the SA intake information received on March 20, 2024 revealed that the resident was not informed that the resident received a bill of \$2,800.00 two weeks after he was discharged from the facility; and that, the resident was not informed that his insurance ran out prior to his discharge from the facility.</p> <p>The December 2023 MAR included that daptomycin was last administered and discontinued on December 5, 2023.</p> <p>Further review of the clinical record revealed that the resident was discharged from the facility on December 7, 2023.</p> <p>In an interview with assistant business office managers (ABOMs/staffs #11 and #22) was conducted on April 26, 2024 at 1:50 p.m. Staff #22 stated that the insurance for resident #3 was Medicare Advantage which meant that on the 21st day at in the facility, the resident became responsible for the copay; and this was the liability change. Staff #22 also said that the resident did not have a secondary insurance; and, he became responsible for his stay on day 22. Staff #22 further stated that it would not be appropriate to issue resident #3 a NOMNC (Notice of Medicare Non-Coverage) because Medicare coverage was just dropping to 70%; and the resident was not out of days. Staff #22 said that resident #3 would still have his 100 covered Medicare days allotted to him and can stay as long as he had a skilled need. Staff #22 said that the 21st day of the resident stay was when it got kicked to 70% which resident #3 had. Staff #11 stated she was newer to the position, and was unsure how payor changes were communicated to the resident back in November 2023. Staff #11 said the current process was to give the resident a written notice about the liability change and notify the resident about the liability change it is due. Staff #11 said that if a resident does not have the ability to pay they will try to have the resident discharged .</p> <p>(continued on next page)</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview with the Business Office Manager (BOM/staff #440 conducted on 4/26/2024 at 2:31 p.m., the BOM stated that when there was going to be a payor change, a letter will be given to the resident. The BOM stated that there was no letter completed for resident #3. The BOM said that the resident was on IV antibiotic and the facility did not want him to discharge until it was complete. The BOM also said that the resident was informed there would be a \$200 copay for each day; and that, the resident wanted to go home when he was told this. Further, the BOM said that the conversations with resident #3 regarding payor changes were not documented; however, resident #3 was in the business office almost daily because he was worried about the payment. The BOM said that the resident was told that the priority was to get him better and he needed to finish his IV antibiotic for his knee. She stated the resident was notified well before discharge that he would need to pay. The BOM said resident #3 should have been given an Advance Beneficiary Notice of Non-Coverage (ABN) or NOMNC which was issued by insurance; and that, when an insurance emails the facility a notice of non-coverage, the facility will then this to the resident who then signs it. The BOM said that the signed copy would be uploaded into the Electronic Health Record (EHR). Further, the BOM said that an ABN and NOMNC were given at the same time and the resident is told of how much it would be if they stayed; and that, if a resident discharged before completing their care, it would be noted in the discharge summary that the resident left early, or there would be an order from the physician saying patient discharged sooner than planned. During the interview, a review of the clinical record was conducted with the ABOM who stated that the ABN/NOMNC was not issued to resident #3.</p> <p>Immediately after the interview with the ABOM, the facility provided a note from the business office with a date and time of December 18, 2023 11:40 a.m. (9 days after the resident's discharge date) and was written by the BOM. The documentation included that the resident was in the business office multiple times during his stay and reported that he did not have the money to pay coinsurance at \$200.00 per day. It also included that the resident was not able to leave due the facility due to his diagnosis and IV therapy; and that, the resident discharged when the IVs were discontinued.</p>		