

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055534	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/01/2026
NAME OF PROVIDER OR SUPPLIER The Reutlinger Community		STREET ADDRESS, CITY, STATE, ZIP CODE 4000 Camino Tassajara Danville, CA 94506	
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)		
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide one of four sampled Residents (Resident 1) adequate notice of Medicare Non-Coverage. This failure had the potential to negatively impact Resident 1's right to an appeal process. During record review of Resident 1's admission record, printed on 5/21/26, Resident 1 was admitted on [DATE]. During record review of Resident 1's Minimum Data Set (MDS, an assessment tool used to guide care), dated 4/14/26, indicated Resident 1's Brief Interview for Mental Status (BIMS, an assessment tool used to assess mental status) score was 15 out of 15, which indicated Resident 1's cognition was intact. During record review of Resident 1's Notice of Medicare Non-Coverage (NOMNC), dated 4/11/2026, Resident 1's name was incorrectly spelled and indicated, Medicare Coverage of your current skilled nursing services will end on 4/13/2026. The NOMNC indicated Refused to sign on the 'signature of patient or representative' line and under that line was a signature of the Social Services Director (SSD) and Registered nurse (RN) 1. During a record review of Resident 1's Progress Notes, dated 4/13/2026 at 10:39 a.m., a social services note was written and electronically signed by SSD, and indicated, NOMAC Received: Resident received a Notice of Medicare Non-Coverage (NOMAC) on Friday (4/10/26) and refused to sign; she was given a copy for her records. Appeal Discussion: Social Services spoke with the resident in person and her brother by phone regarding appealing the NOMAC decision. Livanta was explained as the third party QIO involved in the Medicare appeal process, including providing the phone number. Discharge Planning/ Services: Therapy services (RN, PT, OT) are expected to continue at home. Additional disciplines may be added if needed. Resident received brochures for in home care services, including medication management and meals. During a review of Resident 1's Progress Notes, dated 4/13/2026 a social services note was written and electronically signed by SSD, but marked invalid on 4/13/26 at 11:00 a.m., indicated A NOMAC (Notice of Medicare Non-Coverage) was issued. The resident refused to sign the NOMAC but received a copy for personal records. The social worker: Spoke directly with the resident. Spoke with the resident's brother by phone regarding appealing the Medicare decision. Provided the Livanta contact information and explained the third-party appeal process. Discharge planning discussion: Therapy services (RN, PT, OT) expected to continue at home. Option to add additional disciplines if needed. Brochures provided for in-home care supports, including: Medication management. Meals. During an interview on 5/21/2026, at 10:08 a.m., with Ombudsman (Omb), Omb stated Resident 1 informed Omb on 4/13/26 after they received NOMNC on 4/13/2026 from SSD, in which NOMNC record indicated end of care services were 4/13/26. Omb stated Resident 1 sent Omb a copy of NOMNC and was unsure who signed NOMNC. During a concurrent interview and record review on 5/21/26, at 11:47 a.m., with Social Service Director (SSD), Resident 1's A Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO; an independent organization that helps people with Medicare when they have concerns about their care. They can review quality of care complaints and appeals to help when Medicare-covered services like a hospital stay, skilled nursing care, home health, or rehab are ending, and the patient doesn't agree) Determination letter, dated 4/15/26, was reviewed which indicated Resident 1 no longer met the Medicare coverage requirements for skilled nursing facility services. SSD stated (continued on next page)		

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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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 1 received a Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNF ABN; a written notice a skilled nursing facility gives to Original Medicare beneficiaries before providing certain items or services. It informs the patient that Medicare is likely to deny payment for the care, making the patient financially responsible if they choose to proceed) but Resident 1 refused to sign. SSD stated she was onboarded at facility on 3/26/26 and was not involved in Resident 1's case as the Administrator (Admin) was primarily maintaining social service duties. SSD stated she did not have a copy of the NOMNC or any information regarding delivery to Resident 1. SSD stated when delivering a NOMNC, they would educate and answer all resident questions and advise how to appeal. During a concurrent interview and record review on 5/27/26, at 11:22 a.m., with Resident 1, NOMNC, dated 4/11/26, was reviewed. Resident 1 stated she received the NOMNC on 4/13/26 by SSD after approaching SSD's office via wheelchair with the assistance of a certified nurse assistant (CNA). Resident 1 stated the NOMNC was not explained thoroughly and SSD did not offer any assistance in completing the NOMNC. Resident 1 stated SSD gave Resident 1 the NOMNC and did not return to retrieve signed document, despite document indicating services would end on 4/13/26. Resident 1 stated family assisted in completing NOMNC appeal as soon as possible and ombudsman was notified by Resident 1 of late delivery of NOMNC. During a concurrent interview and record review on 5/27/26, at 1:36 p.m., with RN 1, NOMNC, dated 4/11/26, was reviewed. RN 1 stated she had never signed a NOMNC. RN 1 stated there was no reason a nurse would be required to sign a NOMNC as the record is handled by SSD. RN 1 stated SSD did inform RN 1 that Resident 1 signed NOMNC and should be prepared for upcoming discharge. RN 1 stated signature on NOMNC looked like her signature, but she did not sign NOMNC. RN 1 stated she was not involved in Resident 1's discharge plan aside from being alerted from SSD that Resident 1 could be prepared for discharge. RN 1 stated she did not work on Saturday 4/11/26. During a concurrent interview and record review on 5/27/26, at 2:35 p.m., with Admin, NOMNC, dated 4/11/26, was reviewed. Admin stated SSD signed NOMNC, but unsure why an RN would need to sign NOMNC as it is not normal practice. Admin stated SSD delivered the NOMNC to Resident 1 but cannot confirm on which date. Admin stated that when a NOMNC is given to a resident it should be thoroughly explained and provided two days before last cover day. Admin stated the appeal process should be explained in detail and residents should be given the opportunity, and assistance if needed, to appeal end of care services. Admin stated it is important to give NOMNC to residents at least two days prior to end of care services because it was the resident's right. During a review of the facility's undated policy and procedure (P&P) titled, Notice Instructions for the Notice of Medicare Non-Coverage (NOMNC) CMS-10123, indicated, A Medicare provider/plan (Medicare Advantage plans and cost plans, collectively referred to as plans) must deliver a completed copy of this notice to beneficiaries/enrollees receiving covered skilled nursing, home health, comprehensive outpatient rehabilitation facility, and hospice services. The NOMNC must be delivered at least two calendar days before Medicare covered services end or the second to last day of service if care is not being provided daily.		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of four sampled Residents (Resident 1) had complete and accurate documentation recorded in the electronic health record regarding the Notice of Medicare Non-Coverage (NOMNC) document. This failure had the potential to negatively impact Resident 1's right to an appeal process. During record review of Resident 1's admission record, printed on 5/21/26, Resident 1 was admitted on [DATE]. During record review of Resident 1's Minimum Data Set (MDS, an assessment tool used to guide care) dated 4/14/26, indicated Resident 1's Brief Interview for Mental Status (BIMS, an assessment tool used to assess mental status) score was 15 out of 15, and indicated Resident 1's cognition was intact. During record review of Resident 1's Notice of Medicare Non-Coverage (NOMNC) dated 4/11/2026, Resident 1's name was incorrectly spelled and indicated Medicare Coverage of your current skilled nursing services will end on 4/13/2026. The record indicated Refused to sign on the 'signature of patient or representative' line and under that line was a signature of the Social Services Director (SSD) and Registered nurse (RN) 1. During a record review of Resident 1's Progress Notes, dated 4/13/2026, at 10:39 a.m., a social services note was written and electronically signed by SSD, indicated, NOMAC Received: Resident received a Notice of Medicare Non-Coverage (NOMAC) on Friday (4/10/26) and refused to sign; she was given a copy for her records. Appeal Discussion: Social Services spoke with the resident in person and her brother by phone regarding appealing the NOMAC decision. Livanta was explained as the third party QIO involved in the Medicare appeal process, including providing the phone number. Discharge Planning/ Services: Therapy services (RN, PT, OT) are expected to continue at home. Additional disciplines may be added if needed. Resident received brochures for in-home care services, including medication management and meals. During a review of Resident 1's Progress Notes, dated 4/13/2026 a social services note was written and electronically signed by SSD, but marked invalid on 4/13/26 at 11:00 a.m., indicated A NOMAC (Notice of Medicare Non-Coverage) was issued. The resident refused to sign the NOMAC but received a copy for personal records. The social worker: Spoke directly with the resident. Spoke with the resident's brother by phone regarding appealing the Medicare decision. Provided the Livanta contact information and explained the third-party appeal process. Discharge planning discussion: Therapy services (RN, PT, OT) expected to continue at home. Option to add additional disciplines if needed. Brochures provided for in-home care supports, including: Medication management. Meals. During a concurrent interview and record review on 5/21/26, at 11:47 a.m., with SSD, Resident 1's A Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO; an independent organization that helps people with Medicare when they have concerns about their care. They can review quality of care complaints and appeals to help when Medicare-covered services like a hospital stay, skilled nursing care, home health, or rehab are ending, and the patient doesn't agree) Determination letter, dated 4/15/26, was reviewed which indicated Resident 1 no longer met the Medicare coverage requirements for skilled nursing facility services. SSD stated Resident 1 received a Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNF ABN; a written notice a skilled nursing facility gives to Original Medicare beneficiaries before providing certain items or services. It informs the patient that Medicare is likely to deny payment for the care, making the patient financially responsible if they choose to proceed) but Resident 1 refused to sign. SSD stated she was onboarded at facility on 3/26/26 and was not involved in Resident 1's case as the Administrator (Admin) was primarily maintaining social service duties. SSD stated she did not have a copy of the NOMNC or any information regarding delivery to Resident 1. SSD stated when delivering a NOMNC she would educate and answer all Resident questions and advise how to appeal. During a concurrent interview and record review on 5/27/26, at 1:36 p.m., with RN 1, NOMNC, dated 4/11/26 was reviewed. RN 1 stated she had never signed a (continued on next page)		

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