

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2024
NAME OF PROVIDER OR SUPPLIER Hawthorne Center for Rehabilitation and Healing Of		STREET ADDRESS, CITY, STATE, ZIP CODE 851 West Lumsden Rd Brandon, FL 33511	

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>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** 39438</p> <p>Based on record review and interviews, the facility failed to ensure three residents (Resident #2, #4, and #5) /resident representatives were refunded within 30 days from the residents' date of discharge from the facility.</p> <p>Findings included:</p> <p>A review of the Admission Record for Resident #2 revealed he was initially admitted to the facility on [DATE] with a primary diagnosis of respiratory failure. The resident expired and was discharged from the facility on [DATE].</p> <p>A Cashier's Check dated [DATE] at 10:42 a.m. in the amount of \$18,608.00 was purchased by Resident #2's family member and paid to the facility.</p> <p>A Notice of Case Action form from an outside agency dated [DATE] showed Resident #2 was approved for Medicaid benefits dated [DATE]. The form also showed he was eligible for benefits for Dec. 2023 and Jan. 2024.</p> <p>A review of the Transaction Report by Effective Date dated [DATE] to [DATE] showed Resident #2 was discharged on [DATE] and was owed a refund of \$15,962.60.</p> <p>On [DATE] at 9:33 a.m., Resident #2's family member stated she finally heard from the Business Office Manager (BOM) yesterday and was told she would be getting a refund.</p> <p>On [DATE] at 9:37 a.m., the Business Office Manager (BOM) reported she spoke to Resident #2's family member yesterday and confirmed she was owed a refund of \$15,000.</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>On [DATE] at 9:48 a.m., the BOM stated prior to applying for Medicaid, Resident #2 had health insurance with another company and in December he switched to Medicare. He was skilled and they thought he would run out of money, so they wanted to apply for Medicaid. When Resident #2 and his family came in to apply for Medicaid, she found out they had a joint account, and she could not prove who money was in the account. She gave them options to obtain an attorney, spend the money down, or put the money in an irrevocable trust because there was over \$2,000 in the account. The family member opted to pay the facility \$18,000, the \$18,000 was going towards his stay because they didn't think the Medicaid application would be approved. The family member wrote a check for \$18,000 on [DATE]. They had to wait several months for Medicaid approval. The application was approved on February 28th, and he was eligible for December and January. They had problems with getting the insurance company paid. He had a balance with Medicare for \$2,007.53, Medicaid for \$1,020, and Hospice for \$27.00. The BOM stated their policy was residents must wait until all insurance companies are paid before they are issued a refund. They have processed the refund and are now waiting for corporate to sign off.</p> <p>A review of the Admission Record for Resident #4 showed she was initially admitted to the facility on [DATE] with a primary diagnosis of fracture foe routine healing. The resident was discharged from the facility on [DATE].</p> <p>The Transaction Report by Effective Date [DATE] to [DATE] showed Resident #4 was owed a balance of \$3, 227.30.</p> <p>A review of the Admission Record for Resident #5 showed she was initially admitted to the facility on [DATE] with a primary diagnosis of spondylolisthesis. The resident was discharged from the facility on [DATE].</p> <p>The Transaction Report by Effective Date [DATE] to [DATE] showed Resident #5 was owed a balance of \$1, 511.78.</p> <p>On [DATE] at 12:45 p.m., the BOM stated anytime there was a balance or credit on the account, they do not refund until all claims have been cleared. She explained the policy to the families.</p> <p>On [DATE] at 12:50 p.m., the Regional Business Office Consultant reported Resident #4 was discharged on [DATE]. The Regional Business Office Consultant stated Resident #4 and Resident #5 were owed a refund but their policy states that all outstanding third-party payments must be paid before issuing a refund per their policy.</p> <p>The policy provided by the facility Refunds revised on ,d+[DATE] revealed the following:</p> <p>Refunds will be made within thirty (30) days of the Resident's discharge, transfer, or death, or upon payment in full of any outstanding third-party payments.</p>		