

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/07/2024
NAME OF PROVIDER OR SUPPLIER  Early Memorial Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  11740 Columbia Street Blakely, GA 39823	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28270</b></p> <p>Based on interviews, record review, and review of the Centers for Medicare and Medicaid Services (CMS) reference instructions, the facility failed to ensure notifications of discontinuation of Medicare part A benefits was issued in a timely manner for two of four residents (R) (R2 and R1) reviewed for beneficiary notification out of a total sample of 26 residents. This failure had the potential to result in a lack of understanding of appeal rights and/or the termination of the current level of care against the resident's/representative's wishes.</p> <p>Findings include:</p> <p>Review of the Centers for Medicare and Medicaid Services (CMS), Form Instructions for the Notice of Medicare Non-Coverage (NOMNC) CMS-10123 accessed at <a href="https://www.cms.gov/medicare/medicare-general-information/bni/downloads/instructions-for-notice-of-medicare-non-coverage-nomnc.pdf">https://www.cms.gov/medicare/medicare-general-information/bni/downloads/instructions-for-notice-of-medicare-non-coverage-nomnc.pdf</a> on 06/04/24 revealed, 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. The provider must ensure that the beneficiary or representative signs and dates the NOMNC to demonstrate that the beneficiary or representative received the notice and understands that the termination decision can be disputed .CMS requires that notification of changes in coverage for an institutionalized beneficiary/enrollee who is not competent be made to a representative .If the provider is personally unable to deliver a NOMNC to a person acting on behalf of an enrollee, then the provider should telephone the representative to advise him or her when the enrollee's services are no longer covered. The date of the conversation is the date of the receipt of the notice. Confirm the telephone contact by written notice mailed on that same date.</p> <p>1. Review of R2's undated Face Sheet revealed the resident admitted to the facility on [DATE] with a diagnosis of severe intellectual disabilities.</p> <p>Review of the Quarterly Minimum Data Set (MDS) with a Assessment Reference Date (ARD) of 7/26/2024 indicated R2 had a Brief Interview for Mental Status (BIMS) score of nine out of 15 which suggested the resident had moderately impaired cognition.</p> <p>Review of the SNF (Skilled Nursing Facility) Beneficiary Notification Review, completed by the facility, revealed services began on 4/8/2024 and ended on 4/18/2024. The form also indicated, This was the facility/provider-initiated discharge . Question 2- Was a NOMNC, Form CMS 10123 provided to the resident, was answered yes.</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>Review of the NOMNC- CMS 10123 dated 4/19/2024 indicated, The effective date of coverage of your current skilled nursing services will end on 4/19/2024. The Additional Information section of the form stated Spoke with RP (representative/responsible party) about R2 and explained that NOMNC was being issued due to resident pacemaker site being healed and therapy ending today. The RP revealed that he understood and explained he could not appeal . The last day of covered services was 4/19/2024 and the RP was notified on 4/19/2024.</p> <p>2. Interview on 8/7/2024 at 9:47 am R1 revealed he was unaware of losing his Medicare days. R1 stated he had no concerns regarding his care.</p> <p>Record review of R1's undated Face Sheet revealed the resident was admitted to the facility on [DATE] and readmitted to the facility on [DATE] with a diagnosis of cauda equina syndrome urinary tract infection, site not specified.</p> <p>Review of the Quarterly MDS with an ARD date of 3/6/2024 reported the resident had a BIMS score of 15 out of 15 which indicated he was cognitively intact.</p> <p>Review of the SNF Beneficiary Notification Review Form, completed by the facility, revealed the last day of Part A covered services was on 8/5/2024. Review of the Additional Information portion of the form indicated on 8/5/2024 the resident NOMNC was explained to the resident, and he stated understanding and did not want to appeal. The verbal consent was signed by two staff members and dated 8/5/2024. The last day of covered services was 8/5/2024 and the form was dated as explained to the resident on 8/5/2024.</p> <p>Interview on 8/7/2024 at 10:02 am, the MDS Coordinator (MDSC) stated she was responsible for issuing the NOMNCs. The MDSC stated she had never issued a Skilled Nursing Facility Advance Beneficiary Notice (SNF/ABN) of Non-coverage form regardless of if Medicare Days had been exhausted. The MDSC indicated that due to the skilled care provided to the resident there was no way to issue the NOMNC two days prior to the end of treatment. For instance, R2 was receiving wound care after the insertion of a pacemaker. Once the physician stated the wound was healed, we then provided the NOMNC, but the care had already ended. In the case of R1, the resident was receiving intravenous (IV) antibiotics following a hospital stay. Once the medication was stopped, we then issued his NOMNC. The MDSC did confirm the forms were not issued in the required timeframe of two days prior to the discontinuation of services.</p>		