

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115663	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Regency Park Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1212 Broadrick Drive Dalton, GA 30720	

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**</b> 49138</p> <p>Based on record review and staff interviews, the facility failed to ensure the Skilled Nursing Facility Advance Beneficiary Notices (SNFABN) forms were completed for one of three sampled residents (R) (R27).</p> <p>Findings included:</p> <p>A review of a facility-completed worksheet Beneficiary Notice-Residents discharged Within the Last Six Months, revealed that R27 was discharged from a Medicare-covered Part A stay, still had benefit days remaining, and remained in the facility after their last covered day.</p> <p>A review of the Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review form for R27 indicated that services were initiated on 12/15/2023 and discharged from Medicare Part A services on 2/23/2024, and she remained in the facility with Part A benefit days remaining.</p> <p>An Advance Beneficiary Notice of Noncoverage was (ABN) was not completed for R27.</p> <p>A review of the Notice of Medicare Non-Coverage (NOMNC) indicated the effective date coverage of your skilled nursing facility services will end 2/23/2024. The notice indicated the resident/representative has the right to appeal against this decision and explains how to ask for an immediate appeal. The form was signed by R27's representative.</p> <p>A review of R27's Part A Discharge Minimum Data Set (MDS) dated [DATE] revealed that she had a Brief Interview of Mental Status (BIMS) score of four, which indicates severe cognitive deficient.</p> <p>During an interview on 4/10/2024 at 3:35 pm, the Business Office Manager (BOM) revealed she receives the NOMNC and the ABN's from the Certified Case Manager (CCM) when a resident is discharged from Medicare Part A. She indicated she doesn't do the actual forms.</p> <p>During an interview on 4/10/2024 at 4:45 pm, the CCM revealed she reviews the residents need for a NOMNC when they are going to be discharged off Medicare Part A services. She completes the NOMNC and contacts the resident and/or the resident representative to see if they agree to discharge, if they need an appeal, and assists them with discharge planning. She indicated she has only been completing an ABN for residents coming off Medicare Part B services. She was unaware she needed to complete an ABN for residents coming off Part A and staying in the facility.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49138</p> <p>Based on observations, staff interviews, and record review of the facility's policy titled Food Receiving and Storage with revised date of 2/22/2024, the facility failed to label and date open food items stored in the freezer. The census was 85.</p> <p>Findings included:</p> <p>The facility's policy titled Food Receiving and Storage revealed, Food shall be received and stored in a manner that complies with food and safe food handling practices. The policy further documented that all foods stored in the refrigerator or freezer would be covered, labeled, and dated with a used by date.</p> <p>An initial observation of the kitchen on 4/9/2024 at 8:55 am revealed the following were opened and not dated or labeled: frozen cookie dough (120 pieces), fish patties (10 pieces), beef patties (40 pieces), hash brown (1/2 bag), and fries (1/2 bag).</p> <p>During an interview on 4/9/2024 at 8:50 am, the Certificate Food Manager (CFM) revealed that he has only been working in current position for a few months. He stated that he was aware that the open food items in the refrigerator needed to be labeled and dated but he did not know that open food items in the freezer needed to be labeled and dated as well. He confirmed that the items listed above were open and not dated or labeled in the freezer.</p> <p>During an interview on 4/9/2024 at 9:20 am, the Registered Dietitian confirmed that the food in the freezer should be labeled and dated after being opened.</p>		