

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Signature Healthcare of Bowling Green		STREET ADDRESS, CITY, STATE, ZIP CODE 550 High St. Bowling Green, KY 42101	

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 - Some</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>43050</p> <p>Based on interview, and record review, the facility failed to ensure three of three residents (R) reviewed out of a sample size of 42 for Skilled Nursing Facility (SNF) Beneficiary Protection Notification, (R381, R71, and R95) whose Medicare therapy services were terminated, received an estimated cost for services if they chose to pay for the services themselves.</p> <p>This had the potential for residents not to be able to make an informed decision as to whether to continue therapy services.</p> <p>The findings include:</p> <p>The State Survey Agency (SSA) Contractor Surveyor asked the Administrator for the facility's Beneficiary Notice of Medicare Non-Coverage policy; however, such policy was not provided prior to exiting the survey.</p> <p>1. Review of the undated Resident Face Sheet located in the electronic medical record (EMR) under the Face Sheet tab for R381, revealed the facility admitted the resident on 01/11/2024. Review of the information provided by the facility for R381 revealed the resident was discontinued from skilled therapy services on 01/30/2024, due to having exhausted the Medicare benefit days. Review of R381's Skilled Nursing Facility Advance Beneficiary Notification of Non-coverage (SNF ABN) Form CMS-10055 revealed under the heading (Estimated Cost), no cost was listed. Therefore, R381 was not allowed the right to make an informed decision about continuing skilled services.</p> <p>2. Review of the undated Resident Face Sheet located in the EMR under the Face Sheet tab for R71 revealed the facility admitted the resident on 06/26/2023. Review of the EMR revealed R71 had Medicare benefits and had been discontinued from skilled therapy services on 01/19/2024, due to exhausting the Medicare benefit days. Further review of R71's SNF ABN Form CMS-10055 revealed under the heading (Estimated Cost), no cost was listed. Therefore, R71 was not allowed to make an informed decision about continuing skilled services.</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 - Some</p>	<p>3. Review of the undated Resident Face Sheet located in the EMR under the Face Sheet tab for R95 revealed the facility admitted the resident on 02/28/2024. Continued review of the EMR revealed R95 had Medicare benefits and had been discontinued from skilled therapy services on 04/26/2024, related to exhausting the Medicare benefit days. Further review of R95's SNF ABN Form CMS-10055 revealed under the heading (Estimated Cost), no cost was listed. Therefore, R95 was not allowed to make an informed decision about continuing skilled services.</p> <p>During an interview on 06/25/2024 at 11:20 AM, the Business Office Manager (BOM), asked if she knew the estimated cost had to be filled in on the SNF ABN Form CMS-10055 document so residents would know the cost if they wanted to continue services. The BOM stated, I did not know that it had to be filled in with the cost. They all chose Option 3 where they are not responsible for paying and I can't appeal to see if Medicare would pay. I do not think that I have ever filled in the cost.</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30067</p> <p>Based on interview and record review, the facility failed to ensure two residents of 42 sampled residents' (R) Resident Assessment Instruments ([NAME]) accurately reflected the resident's hospice designation for R88 and ability to communicate for R58.</p> <p>This failure could result in the residents' needs, strengths, and areas of decline not being addressed appropriately for R 88 and R58.</p> <p>The findings include:</p> <p>During an interview with the Director of Nursing (DON) on 06/27/2024 at 10:32 AM, she stated she would check for a specific policy related to accurate Minimum Data Set (MDS) Assessments; however, further stated the facility followed the Centers for Medicare and Medicaid Services (CMS) RAI Manual for MDS instructions. No additional policy was provided.</p> <p>1. Review of R88's undated Admission Record located in the electronic medical record (EMR) under the Census tab revealed the facility admitted the resident on 04/16/2021, with diagnoses including advanced dementia, depressive disorder, and anxiety disorder.</p> <p>Review of R88's IDG Hospice Report dated 08/02/2023, located in the resident's EMR under the Resident Documents: Hospice/Palliative tab revealed R88 was admitted to [Hosparus] Care for hospice/comfort care on 05/20/2023.</p> <p>Review of R88's Quarterly Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) of 02/20/2024, located in the resident's EMR under the MDS tab, revealed the MDS did not accurately reflect R88's hospice designation. Continued review revealed the facility also failed to identify R88's hospice status on the Annual MDS Assessment with the ARD of 05/22/2024.</p> <p>During an interview on 06/27/2024 at 9:08 AM, MDS 1 and MDS 2 stated, When a resident is on hospice, Section O should be coded for hospice services. It looks like we missed that for her (R88) .</p> <p>2. Review of R58's undated Admission Record located in the resident's EMR revealed he was admitted to the facility on [DATE], with diagnoses including cerebral palsy and communication deficits (deaf and nonverbal).</p> <p>Review of R58's Annual MDS Assessment with an ARD of 08/22/2023, located in the resident's EMR under the MDS tab revealed the MDS Section B indicated R58 had no speech. Review of the Quarterly MDS Assessment with an ARD of 05/14/2024, revealed Section B indicated R58 had no speech.</p> <p>In interview on 06/27/2024 at 9:08 AM, MDS 1 and MDS 2 stated R58 communicated with others through use of his iPad; however, they failed to capture that information in the communication section (Section B) of the MDS Assessments. They stated that tool was how R58 made his needs known to staff. MDS 1 and MDS 2 concurred that R58's two MDS Assessments had been coded as the resident had no speech, however, the resident was able to make himself understood with the tools provided by the facility.</p>		