

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265466	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/21/2024
NAME OF PROVIDER OR SUPPLIER  Lake Stockton Healthcare Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  1523 3rd Road Stockton, MO 65785	

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> 21382</p> <p>Based on interview and record review, the facility failed to issue a Skilled Nursing Facility Advanced Beneficiary (SNFABN) Form CMS-10055 (2018) notice to one of two residents (Resident (#7) that remained in the facility for long-term care with Medicare A days available in the sample of 20 residents.</p> <p>Review of the instructions titled, Form Instructions Skilled Nursing Facility (SNFs) Advanced Beneficiary Notice of Non-Coverage SNFABN located on the Center for Medicaid and Medicare (CMS) website at cms.gov showed the following:</p> <p>-Medicare requires SNFs to issue the SNFABN to Original Medicare, also called fee-for-service (FFS), beneficiaries prior to providing care that Medicare usually covers, but may not pay for in this instance because the care is not medically reasonable and necessary or considered custodial.</p> <p>1. Review of Resident #7's Face Sheet, in the electronic medical record (EMR) under the Demographic tab, showed the following:</p> <p>-Resident was admitted to the facility on [DATE];</p> <p>-Resident was hospitalized in early February 2024 for pneumonia and returned to the facility;</p> <p>-Resident received intravenous (IV) antibiotics and was issued a Notice of Medicare Non-Coverage (NOMNC) on 02/23/24 with the last covered day of 02/26/24 when his/her IV ended.</p> <p>Review of the resident's EMR showed staff did not document the resident was issued a SNFABN in addition to the NOMNC since he/she was remaining in the facility and still had Medicare A days available.</p> <p>During an interview on 03/21/24, at 5:15 P.M., the Social Services Director (SSD) said she was not aware the resident should have received a SNFABN.</p> <p>During an interview on 03/21/24, at 7:03 P.M., the Social Worker (SW) said she had searched the company's policies on the intranet and reached out to two other buildings owned by the same group and was told by both we don't have a policy for NOMNCs and SNFABNs.</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
---	-------	-----------