

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365317	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2024
NAME OF PROVIDER OR SUPPLIER Smithville Western Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4110 East Smithville Western Road Wooster, OH 44691	

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** 42730</p> <p>Based on record review, staff interview, review of the Centers for Medicare and Medicaid Services (CMS) guidelines, and review of the Notice of Medicare Non-Coverage (NOMNC), the facility failed to ensure proper liability notices were received timely. This affected one resident (#104) of three residents reviewed for liability notices. The facility census was 101.</p> <p>Findings Include:</p> <p>Review of the closed medical record for Resident #104 revealed an admitted [DATE] with diagnoses including Alzheimer's disease, dementia, and COVID-19. Review of the medical record revealed Resident #104 was discharged on [DATE].</p> <p>Review of the NOMNC revealed Resident #104 received notification that his skilled services would end effective 02/19/24 with the option to appeal no later than noon of the day before the effective date. Review of the NOMNC revealed Resident #104 signed and dated the NOMNC on 02/19/24 and was not given proper notice in order to appeal, if so wished.</p> <p>Review of the Centers for Medicare and Medicaid Services (CMS) guidelines found at www.cms.gov revealed the NOMNC must be delivered at least two calendar days before Medicare covered services would end or the second to last day of service if care is being provided daily.</p> <p>Interview on 04/10/24 at 11:54 A.M. with Admissions Director (AD) #503 revealed residents receiving skilled services were to be given 48-hour notice if skilled services were due to end to ensure the option to appeal was available. AD #503 revealed Resident #104 was issued a late NOMNC and confirmed and verified the date and signature at the time of discovery.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00152123.</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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