

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366281	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Windsor House at Champion		STREET ADDRESS, CITY, STATE, ZIP CODE 200 East Glendola Avenue Champion, OH 44483	

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** 38522</p> <p>THE FOLLOWING DEFICIENCY REPRESENTS AN INCIDENT OF PAST NON-COMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY.</p> <p>Based on record review, interview and review of the facility policy, the facility failed to ensure the resident and/or resident representative received the Notice of Medicare Non-Coverage (NOMNC) timely and as required. This affected one resident (#86) of three residents reviewed for billing. The facility census was 82.</p> <p>Findings include:</p> <p>Review of Resident #86's closed medical record revealed an admitted [DATE] and diagnoses including Alzheimer's disease, major depressive disorder, pulmonary hypertension, spinal stenosis and osteoarthritis. Resident #86 discharged from the facility on 02/13/14.</p> <p>Review of a discharge-return not anticipated minimum data set (MDS) 3.0 assessment dated [DATE] revealed Resident #86 was discharging to hospice (home). Resident #86 was cognitively impaired.</p> <p>Review of Resident #86's census data revealed she was on skilled care starting on 05/04/23 through 06/25/23.</p> <p>Review of Resident #86's progress notes for June 2023 revealed no evidence Resident #86 had been cut from skilled services or issued a NOMNC.</p> <p>Review of Resident #86's financial information revealed a general note dated 02/28/24 and authored by Business Office Manager (BOM) #103 which included the following information: Spoke with Resident #86's daughter who stated she was not paying a dime to the facility because Resident #86 should have been skilled back in June [2023] and it was not explained to her and a document was signed and it was not her signature. Her lawyer will be in contact with someone from the corporate office.</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 a NOMNC for Resident #86 indicated her last covered day (LCD) would be on 06/25/23. There was no signature from Resident #86 or her daughter on the NOMNC but a notation written by Admissions Coordinator (AC)/Licensed Practical Nurse (LPN) #107 which read I, AC/LPN #107 notified Resident #86's daughter 06/23/23 (no time given) via telephone at [telephone number] that skilled services will be ending with a LCD of 06/25/23. Notified of right to appeal by calling Livantia QIO at [PHONE NUMBER] by noon on 06/24/23. The notation was signed by AC/LPN #107 and dated 06/23/23.</p> <p>Interview on 08/08/24 at 1:15 P.M. with AC/LPN #107 verified Resident #86's daughter never received a copy of the NOMNC as required. AC/LPN #107 stated if a resident representative was not available and the resident was unable to sign the NOMNC due to cognitive status as was the case with Resident #86, they would notify the resident representative by telephone of the information contained in the NOMNC and the right to appeal. AC/LPN #107 stated a copy of the NOMNC had to be mailed out to obtain a signature if the resident representative was not present to sign it which she confirmed was not done for Resident #86.</p> <p>Interview on 08/08/24 at 2:35 P.M. with the Director of Nursing (DON) revealed she was familiar with the facility's NOMNC policy as she gave them at times herself and there was a list of what had to be read to the resident representative over the phone if the NOMNC information was provided in that way. The DON confirmed the NOMNC notice still had to be sent to the resident representative certified receipt request to obtain a signature if it was not signed in-house.</p> <p>Review of the policy, Issuance of the Notice of Medicare Non-Coverage/The Generic Letter (aka Cut Letter) and the Skilled Nursing Facility (SNF)/ Advanced Beneficiary Notice (ABN) revised January 2024 revealed the facility was to issue the SNF/ABN to residents/beneficiaries prior to providing care that Medicare covered but may not pay because the care was not medically reasonable and necessary or was considered custodial. The notice was to be delivered to the beneficiary however if this was not possible the notice was to be delivered to an authorized representative no later than two days before the termination of services. Facility policy was to begin the notification process three to five or more days prior to termination of services. This gave ample time for the facility to be in compliance in case they were unable to get the notice signed in person or reach the beneficiary/authorized representative prior to the two days in the advance deadline. The following two steps were to be taken if the beneficiary/authorized representative was unable to sign for the receipt of the notice in person: a telephone call was to be made to the authorized representative and the designee was to speak to the person voice-to-voice. If an answering machine or voicemail was reached the designee was to keep trying and send out the written notification the same day. Leaving a message was not acknowledged as a valid notification. For a telephone notification to be considered valid the designee had to read the entire notice to the person being contacted .The beneficiary/authorized representative was to be informed of need for signature on notice of non-coverage either in person or upon receipt of same via certified mail.</p> <p>The deficient practice was corrected on 05/31/24 when the facility implemented the following corrective actions:</p> <p>On 04/09/24, the facility's corporation noticed non-compliance regarding NOMNC issuance and explanation of right to appeal.</p> <p>On 04/18/24, the Administrator met with AC/LPN #107, the DON, BOM #103 and Medical Records (MR) #111 to educate them regarding the NOMNC process including the facility's policy on NOMNC issuance.</p> <p>(continued on next page)</p>		

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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>From 04/26/24 to 05/31/24, the Administrator completed a minimum of two audits per week to ensure NOMNCs were being mailed out (if not signed in-house) with return receipt requested. The audits consisted of review of timeliness of issuance, complete information regarding why services were being cut and how to file an appeal. The audit also reviewed documentation that the responsible party was notified and verbalized understanding of the NOMNC issuance. If the responsible party was issued the NOMNC via phone the review included correct documentation of who was notified, the date and time of notification and ensuring the NOMNC was sent certified mail, return receipt to the responsible party.</p> <p>Starting on 04/26/24, a new facility process began including keeping a copy of the mailed NOMNCs in a separate folder and uploading them to Point Click Care (electronic medical record system) once received signed from the responsible party.</p> <p>On 06/26/24, the facility brought their NOMNC auditing to their Quality Assurance (QA) meeting for discussion and review. No additional concerns or issues were noted.</p> <p>The Administrator would complete random audits on an ongoing basis to confirm continued compliance.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00154026.</p>		