

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425380	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Lakes at Litchfield		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Lakes at Litchfield Drive Pawleys Island, SC 29585	

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>31846</p> <p>Based on the facility policy, record reviews and interviews, the facility failed to ensure Resident (R)15 and RA received the CMS form 10055 for Medicare Part A services. Specifically R15 and RA received CMS form R-131 for Medicare Part B Services for 2 of 2 residents that were discharged from Medicare Part A services and remained in the facility.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Medicare Advance Beneficiary and Medicare Non-Coverage Notices, states as the Policy Statement, Residents are informed in advance when changes will occur to their bills.</p> <p>Skilled Nursing Facility Advance Beneficiary Notice (CMS form 10055).</p> <p>1. If the director of admissions or benefits coordinator believes (upon admission or during the resident's stay) that Medicare (Part A of the Fee for Service Medicare Program) will not pay for an otherwise covered skilled service (s), the resident (or representative) is notified in writing when the service(s) may not be covered and of the resident's potential liability for payment of the non-covered service(s).</p> <p>2. The facility issues the Skilled Nursing Facility Advance Beneficiary Notice (CMS form 10055) for the following triggering events:</p> <p>a. Initiation - In the situation in which the director of admissions or benefits coordinator believes Medicare will not pay for extended care items or services that a physician has ordered, a SNF ABN is issued to the beneficiary before those non-covered extended care items or services are furnished to the beneficiary.</p> <p>b. Reduction - In the situation in which the facility proposes to reduce a beneficiary's extended care items or services because it expects that Medicare will not pay for a subset of extended care items or services, or for any items or services at the current level and/or frequency of care that a physician has ordered, the SNF ABN is issued to the beneficiary before such extended care items or services are terminated.</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>c. Termination - In the situation in which the facility proposes to stop furnishing all extended care items or services to a beneficiary because it expects that Medicare will not continue to pay for the items or services that a physician has ordered and the beneficiary would like to continue receiving the care, the SNF ABN is issued to the beneficiary before such extended care items or services are terminated.</p> <p>3. The resident (or representative) is informed that they may choose to continue receiving the skilled services that may not be paid for by Medicare, and assume financial responsibility.</p> <p>The facility admitted R15 and RA with physician orders to receive therapy services. Both residents received the form, CMS 10023, notice of non coverage for Medicare Part A services timely. Both R15 and RA remained in the facility with Medicare Part A days remaining.</p> <p>During SNF Beneficiary Notification Reviews, neither resident R15 nor RA received the correct form, CMS-10055 for an appeal, for the Medicare Part A services ending and whether or not R15 or RA would like to continue the Part A skilled services for Medicare. Both residents, R15 and RA received CMS form R-131 which was for Medicare Part B services and not CMS form 10055 for part A services.</p> <p>During an interview on 03/10/2025 at 01:00 PM with the facility Social Service Director, she provided the forms for R15 and RA and confirmed they were the CMS-R-131 for Medicare Part B services and not the CMS-10055 that both residents should have received.</p>		