

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 345009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER THE OAKS AT WHITAKER GLEN-MAYVIEW		STREET ADDRESS, CITY, STATE, ZIP 513 EAST WHITAKER MILL ROAD RALEIGH, NC 27608	
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 F 0582	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Potential for minimal harm</p> <p>Residents Affected - Some</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**</p> <p>Based on interviews with staff and a resident 's Medical Power of Attorney (MPOA) and record reviews the facility failed to provide a Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN) for a resident discharged from Medicare Part A due to not participating in therapy and remained in the facility for 1 of 1 residents reviewed for beneficiary protection notification. (Resident #3) Findings Included: Resident #3 was admitted on [DATE]. Her active [DIAGNOSES REDACTED]. Resident #3 's care plan dated 12/17/19 revealed she was care planned for family being unsure of discharge plans. The interventions included to educate the resident and family about possible discharge plans. A nursing note dated 1/28/2020 revealed the Nurse Navigator met with the Medical Power of Attorney (MPOA). The Notice of Medicare Non-Coverage (NOMNC) was issued with the last day of coverage being 1/30/2020. Resident #3 remained in the facility with a private payer source. Resident #3 's minimum data set assessment dated [DATE] revealed she was assessed as severely cognitively impaired. She required extensive assistance with bed mobility, transfers, dressing, toilet use, and personal hygiene. She required supervision with eating and totally dependent on staff for locomotion on and off unit. A review of Resident #3 's chart revealed there was not a completed Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN) for Resident #3. During an interview on 7/15/2020 at 8:52 AM the Medical Power of Attorney (MPOA) for Resident #3 stated she received invoices from the facility but had never been told how much she was liable for if her appeals were denied for Medicare Part A coverage. During an interview on 7/15/2020 at 10:10 AM the Nurse Navigator stated Resident #3 did get a notice of Medicare non-coverage (NOMNC) letter for therapy. She further stated the responsible party appealed the notification of non-coverage because the responsible party was unable to care for the resident at home. The responsible party voiced concerns about placement and finances as she had been turned down for assisted living. The resident did not qualify for assisted living because she refused to participate in therapy and could not walk. During an interview on 7/15/2020 at 11:34 AM the Business Office Manager stated Resident #3 was taken off Medicare Part A on 1/30/2020 and the MPOA requested an appeal so Resident #3 received therapy until 2/4/2020 when they received a response that the appeal had been denied. He further stated he only completed an SNFABN for residents going off Medicare Part B which covered therapy after Medicare Part A had been exhausted. He stated if someone goes off Medicare Part A due to refusal of therapy the resident or responsible party would not receive and SNFABN. He stated Resident #3 was on Medicare Part A and discharged from Medicare Part A which was why she did not get a SNFABN. During an interview on 7/15/2020 at 12:28 PM the Administrator stated the process for the SNFABN should have been followed for Resident #3. He concluded by review of the documentation available the process was not followed for Resident #3 and the process would be corrected.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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.