| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255222 | A. BUILDING _____ B. WING _____ | 03/09/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| TRINITY HEALTHCARE CENTER | 230 AIRLINE ROAD COLUMBUS, MS 39702 |

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| F 000 | INITIAL COMMENTS<br><br>The State Agency (SA) conducted an annual re-certification survey at the facility from 03/06/23 through 03/09/23. During the survey, the SA determined that the facility was not in compliance with Medicare and Medicaid requirements of participation and cited regulatory deficiencies at F582.<br>.<br>Census at the time of survey was 60 and the facility held a license for 60 beds. | F 000 | | |
| F 582 SS=D | Medicaid/Medicare Coverage/Liability Notice<br>CFR(s): 483.10(g)(17)(18)(i)-(v)<br><br>§483.10(g)(17) The facility must--<br>(i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of-<br>(A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged;<br>(B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and<br>(ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.<br><br>§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. | F 582 | | 4/19/23 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/22/2023

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| F 582 | Continued From page 1<br>(i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.<br>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.<br>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.<br>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.<br>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.<br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview, record review, and facility policy review, the facility failed to provide the Notice of Medicare Non-Coverage to two (2) of three (3) residents discharged from Medicare Part A services with service times remaining. Resident #27 and Resident #49<br><br>Findings include:<br><br>Review of facility policy titled, "Advanced | F 582 | F582- Plan of Correction<br>1. For Resident #27 and Resident #49 the time line for issuing a Notice of Medicare Non-Coverage is passed. Systemic changes have been put in place to prevent recurrence in the future; changes are described in Bullet 3.<br>2. The deficient practice has the potential to affect any resident with Medicare Part A as their primary pay source. | |

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| F 582 | Continued From page 2<br>Beneficiary Notices", with revision date of October 2022, revealed, "It is the policy of this facility to provide timely notices regarding Medicare eligibility and coverage." Review of facility policy also revealed, "5. The current CMS-approved version of the forms shall be used at the time of issuance to the beneficiary (resident or resident representative). The contents of the form shall comply with related instructions and regulations regarding the use of the form. a. For Part A items and services, the facility shall use the Skilled Nursing Facility Advance Beneficiary Notice, ... c. A Notice of Medicare Non-Coverage ... shall be issued to the resident/representative when Medicare covered service(s) are ending, no matter if resident is leaving the facility or remaining in the facility. This informs the resident on how to request an appeal or expedited determination from their Quality Improvement Organization. i. This notice is used when all covered services end for coverage reasons. ii. An exhaustion of benefits is not considered a termination for 'coverage' reasons."<br><br>An interview with the Licensed Social Worker (LSW) on 03/08/23 at 11:55 AM, revealed she was the person responsible for completing the Skilled Nursing Facility (SNF) Beneficiary Protection Notifications for residents that were discharged from skilled services with time remaining on their Part A services. She stated she was unaware that a Notice of Medicare Non-Coverage form had to be provided to each resident or the resident's representative when they were discharged from skilled services with time remaining. She stated she thought that this form was only needed when the resident had a Medicare Advantage Plan and she confirmed that she had not provided this form to the residents as | F 582 | 3. Systemic changes have been set in place to ensure the Notice of Medicare Non-Coverage is issued properly in the future. On March 21, 2023, Administrator, Executive Director, and Social Worker received training on when and how the Notice of Medicare Non-Coverage should be issued. This training was a video produced by the Quality Improvement Organization, Kepro, entitled How to Fill Out and Deliver the Notice of Medicare Non-Coverage. (Attachment 1) A review of the facility policy Advanced Beneficiary Notices (Attachment 2) was conducted on March 21, 2023, with Social Worker, Administrator and Executive Director. On March 22, 2023, Notice of Medicare Non-Coverage, form CMS-10123, (Attachment 3) was placed on Trinity Healthcare letter head and delivered to Social Worker and Administrator for use as prescribed by regulatory guidelines. A log for tracking when a Notice of Medicare Non-Coverage should be issued was created. The SNFABN and NOMNC Log (Attachment 4) was reviewed by Administrator and Social Worker on March 22, 2023. Directions for use were given and are documented on POC-F582 Summary (Attachment 5).<br>4. Beginning March 22, 2023, the Administrator will monitor each Medicare Part A discharge. Administrator will use SNFABN and NOMNC QA Review tool (Attachment 6) to monitor that residents who receive Medicare Part A services receive a Notice of Medicare Non-Coverage as required. Administrator will montior weekly for four weeks and | |

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| F 582 | Continued From page 3 | F 582 | | |

required and it was due to being unaware of the requirement.

An interview with the Administrator on 3/8/23 at 3:15 PM, revealed she was aware of the requirement for the Notice of Medicare Non-Coverage to be provided to the resident or to the resident representative and she had even done these at another facility, but she was unaware this was not being done at this facility. She confirmed the facility failed to complete the Notice of Medicare Non-Coverage for the residents who were discharged with time remaining on their Part A coverage.

Record review of Resident #27's Admission Record revealed she was admitted to the facility on 9/2/22 with diagnosis of Surgical Amputation of left leg below knee.

Record review of Resident #27's Beneficiary Protection Notification Review revealed resident's Medicare Part A skilled services episode start date of 9/2/22 and last covered day of Part A service was 9/30/22. This form revealed the facility/provider initiated the discharge from Medicare Part A Services when benefit days were not exhausted. Review of this form revealed the Notice of Medicare Non-Coverage form was not provided to the resident.

Record review of Resident #49's Admission Record revealed he was admitted to the facility on 1/30/23 with diagnoses of Displaced Spiral Fracture of Shaft of Left Femur.

Record review of Resident #49's Beneficiary Protection Notification Review revealed resident's Medicare Part A skilled services episode start

report findings to Quality Assurance Committee on the next scheduled meeting Wednesday, April 19, 2023. Following the first four week cycle, the review will be conducted at least monthly to ensure Notice of Medicare Non Coverage is properly administered. This process will be ongoing as a double check within our system and any problems noted will be addressed through Quality Assurance Performance Improvement.

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| F 582 | Continued From page 4<br>date of 1/30/23 and last covered day of Part A service was 2/28/23. This form revealed the facility/provider initiated the discharge from Medicare Part A Services when benefit days were not exhausted. Review of this form revealed the Notice of Medicare Non-Coverage form was not provided to the resident. | F 582 | | |