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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155238 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 05/19/2014 |
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| NAME OF PROVIDER OR SUPPLIER WATERS OF YORKTOWN THE | STREET ADDRESS, CITY, STATE, ZIP CODE 2000 S ANDREWS RD YORKTOWN, IN 47396 |
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| F000000 | <p>This visit was for the Investigation of Complaints IN00147698, IN00147760, IN00148964 and IN00149238.</p> <p>Complaint IN00147698 - Substantiated. Federal/State deficiency related to the allegations are cited at F490.</p> <p>Complaint IN00147760 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00148964 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00149238 - Substantiated. Federal/State deficiency related to the allegations are cited at F490.</p> <p>Survey dates: May 13 and 19, 2014</p> <p>Facility number: 000143 Provider number: 155238 AIM number: 100283890</p> <p>Surveyor: Betty Retherford RN</p> <p>Census bed type: SNF/NF: 67 Total: 67</p> <p>Census payor type:</p> | F000000 | | |

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.

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| F000490 SS=E | <p>Medicare: 9 Medicaid: 44 Other: 14 Total: 67</p> <p>Sample: 9</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed by Debora Barth, RN.</p> <p>483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Based on record review and interview, the facility failed to be administered in a manner to ensure required medicaid documents were completed timely to prevent Medicaid coverage from being discontinued for 6 of 6 residents (Resident #'s B, C, D, E, F, and J) reviewed for Medicaid coverage in a sample of 9. This had the potential to effect 44 residents covered by Medicaid services residing in the facility.</p> | F000490 | The Waters of Yorktown has established policy and procedures to ensure that it is managed and administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental and psycho-social well being of each resident. 1. For those residents identified that had lost Medicaid eligibility because the annual "Re-determination of Benefits" had not been submitted have been addressed by the | 06/06/2014 |

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| | <p>Findings include:</p> <p>The Administrator was interviewed during the entrance conference on 5/13/14 at 8:45 a.m. Information was requested related to the number of residents who were currently on medicaid and the number of residents who were currently in the "Medicaid Pending" process. The Administrator indicated the number of residents who were currently "Medicaid Pending" would be large. She indicated the previous business office manager had failed to complete and submit the required annual "Redetermination of Benefits" form for multiple residents in the building who had been covered by Medicaid services. She indicated the residents involved were "kicked off" Medicaid when the form was not completed and submitted timely. She indicated the time period for this concern was approximately from October 2013 thru January 2014 and involved residents whose "redetermination" fell due during that time period.</p> <p>She indicated the facility had identified the problem and had replaced the former business office manager. She indicated they were currently in the process of correcting the error. She indicated some residents who had lost benefits were already back on medicaid, some had</p> | | <p>following implementation: The Administrator and/or Business Office Manager have completed necessary paperwork to get Medicaid benefits re-established for all the residents identified. 2. All residents with a payer source of Medicaid where the Waters of Yorktown serves as the Representative Payee has the potential to be affected if the annual "Re-determination of Benefits" is not submitted to Medicaid. An audit was completed by the Administrator and Business Office Manager for Medicaid eligibility of all residents. Any resident found to have been denied Medicaid eligibility due to the non-submission of the annual "Re-determination of Benefits" information has been submitted to Medicaid. 3. The Business Office Manager and Administrator have created a monthly calendar which includes the annual re-determination due dates on all current and as future residents are admitted, they will be added to the calendar for tracking purposes. 4. On the first business day of each month, the Administrator and Business Office Manager will go over monthly calendar for annual Medicaid reviews to ensure no loss of benefits. 5. Completion date - 06-06-2014</p> | | |

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| | <p>"phone interview" appointments set up with the Medicaid Office and others still did not have a phone interview set up at this time.</p> <p>The Administrator indicated no residents had been asked to leave the building, been denied any services, or had their care altered based on their medicaid benefits having been discontinued. She indicated the facility was trying to correct this process as soon as possible as they were not receiving any Medicaid payment for the residents involved who had not yet returned to a Medicaid covered status.</p> <p>The Administrator was interviewed on 5/13/14 at 10:20 a.m. The Medicaid resident list was reviewed with her at that time. The list reviewed included, but was not limited to, the following residents:</p> <p>Resident #C had lost Medicaid coverage during the previously mentioned time period, but the problem had been corrected and the resident was now back on medicaid covered status.</p> <p>Resident #J had lost Medicaid coverage during the previously mentioned time period and was now in the "pending information to be sent" part of the reapplication process.</p> | | | |

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| | <p>Resident #D, E, F, and B had lost Medicaid coverage during the previously mentioned time period and was now in the "waiting for the Medicaid Office to set interview" part of the reapplication process.</p> <p>The current Business Office Manager was interviewed on 5/19/14 at 9:30 a.m. She indicated the reapplication information for Resident #J had now been sent in to the Medicaid Office and they were waiting for him to be re-approved.</p> <p>The Business Office Manager indicated the phone interview had now been completed for Resident #J and the facility was waiting for the paperwork for the resident to be sent to them from the Medicaid Office to be filled out and it would be sent back in for re-approval.</p> <p>The Business Office Manager indicated the phone interview for Resident #F had now been completed and the paperwork had been filled out and was ready to be faxed back to the Medicaid Office for re-approval.</p> <p>The Business Office Manager indicated Resident #C had been re-approved and Medicaid coverage was now in place for the current time period.</p> | | | |

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| | <p>The Business Office Manger indicated the reapplication process continues for other residents and would be completed as quickly as the Medicaid application system allowed.</p> <p>Review of the current, but undated, facility protocol, titled "Services" given to each resident in the facility admission packet, provided by the Administrator on 5/19/14 at 12:30 p.m., included, but was not limited to the following:</p> <p>"...Financial Services Our Business office offers assistance with many financial services. Upon admission they establish a patient trust fund, set up direct deposit of income if needed and help you file applications for and obtain financial services, including Medicaid...."</p> <p>This federal tag relates to Complaint IN00147698 and Complaint IN00149238.</p> <p>3.1-13(q)</p> | | | | |