

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155589	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/09/2013
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NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 730 SCHOOL ST CULVER, IN 46511
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F000000	<p>This visit was for the Recertification and State Licensure survey.</p> <p>Survey dates: December 3, 4, 5, 6, and 9, 2013</p> <p>Facility number: 000489 Provider number: 155589 AIM number: 100291210</p> <p>Lora Swanson, RN-TC Julie Wagoner, RN Deb Kammeyer, RN Sharon Ewing, RN</p> <p>Census bed type: SNF: 03 SNF/NF: 60 Total: 63</p> <p>Census payor type: Medicare: 1 Medicaid: 34 Other: 28 Total: 63</p> <p>Miller's Merry Manor of Culver was found to be in substantial compliance with 42 CFR Part 483, Subpart B in regard to the Recertification and State Licensure Survey. This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>	F000000		
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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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	Quality Review completed on 12/11/13, by Brenda Meredith, R.N.			

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F000156 SS=A	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; 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 inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>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 or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>			

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits,</p>			

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	<p>and how to receive refunds for previous payments covered by such benefits. Based on record review and interview, the facility failed to ensure the resident or their representative signed the notice for Medicare Non-Coverage for 2 of 3 residents reviewed for discharge from Medicare services. (Resident #11 and Resident #60)</p> <p>Findings include:</p> <p>On 12/5/13 at 2:30 P.M., the Notice of Medicare Non-Coverage (NOMNC) forms for three residents was received from the Office Manager and reviewed.</p> <p>The OMB Approval No. 0938-0953 form, entitled Notice of Medicare Non-Coverage, for Resident #11 indicated, "The effective date coverage of your current occupational and physical therapy services will end: 8/22/13." The form had additional information indicating that the Office Manager notified Resident #11's representative by phone on 8/20/13, that the Medicare coverage would end on 8/22/13. The form further indicated that a copy of the letter had been mailed, however the form did not indicate on what day the letter was mailed and the form was</p>	F000156	Miller's Merry Manor, Culver respectfully requests to informally dispute F-156 and request this citation be deleted from the survey record. F- 156: Effective immediately when a non coverage notification notice is made with Residents/representatives by phone, the facility will document the date the copies were mailed to the recipients. The Office Manager will monitor when the signed copies are returned to the facility weekly. The Office manager will continue to contact the recipient weekly until signed copies are obtained. Date of completion 12/12/13. Miller's Merry Manor, Culver respectfully requests to informally dispute F-156 and request this citation be deleted from the survey record. The survey alleges failure to obtain written signatures of Notice of Medicare Non-Coverage and failure to document the date notice was mailed. Miller's Merry Manor of Culver followed the instructions for notification of Medicare non-coverage based upon information obtained directly from the CMS (Center for Medicaid and Medicare Services) website for the form required and utilized for notification. (Attachment 1) The notices in questions were delivered via telephone conversations with the	12/12/2013			

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	<p>not signed.</p> <p>The OMB Approval No. 0938-0953 form, entitled Notice of Medicare Non-Coverage, for Resident #60 indicated, "The effective date of your current occupational therapy services will end: 10/31/13." The form had additional information indicating that the Office Manager notified Resident #60's representative by phone on 10/29/13, that the Medicare coverage would end on 10/31/13. The form further indicated that a copy of the letter had been mailed, however the form did not indicate on what day the letter was mailed and the form was not signed.</p> <p>Review of the current "Policy and Procedure for CMS Notices, Medicare Letters of Non-Coverage" received from the Office Manager on 12/5/13 at 2:00 P.M., indicated "...3. The Office Manager or designee will assure the Generic Notice is completed correctly, is legible and that the Generic Notice is validly delivered...g. The facility will immediately follow up by mailing the notice to the beneficiary or legal representative...They should be informed to sign and return the notice to the facility...i. The facility will retain the original signed Generic Notice in</p>		<p>beneficiary's representative. Documentation of the phone conversation is dated, including documentation that a copy of the notice was mailed. Both residents in question had designated Powers of Attorney that were contacted via telephone 48 hours in advance of Medicare A non-coverage by the facility office manager and this information was documented on the non-covered letter itself. This is acceptable notice via phone as noted in the CMS instructions (see the underlined section of the attached instructions). While the facility does not yet have signed notices of non-coverage for the two residents in their file, this does not constitute non-compliance, as the manner of notification was in accordance with CMS guidance in the form of verbal notification with corresponding documentation. Therefore, with the knowledge of the attached CMS guidance, it is noted the facility was in compliance with F-156, and this citation should be deleted from the survey record. Respectfully, Greg Fassett,</p>		

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	<p>the beneficiary's file, and a copy of the notice is to be given to the beneficiary or legal representative...4. A signed copy of the notice must be maintained in the resident financial file...."</p> <p>During an interview on 12/5/13 at 2:40 P.M., the Office Manager indicated that she did contact both representatives by phone and documented the date, but did not document the date the letters were mailed, and did not do any follow up to obtain signatures.</p> <p>3.1-4(f)(3)</p>			