

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED 02/15/2017
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 49E131	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2017
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NAME OF PROVIDER OR SUPPLIER SW VA M H INST GERI TRT CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 340 BAGLEY CIRCLE MARION, VA 24354
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY	(X5) COMPLETION DATE
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F 000 INITIAL COMMENTS

F 000

An unannounced Medicare/Medicaid standard survey was conducted 02/08/17 through 02/09/17. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.

The census in this 25 certified bed facility was 19 at the time of the survey. The survey sample consisted of 7 current Resident reviews (Residents 1 through 7) and 1 closed record reviews (Resident 8).

F 156 483.10(d)(3)(g)(1)(4)(5)(13)(16)-(18) NOTICE OF
SS=C RIGHTS, RULES, SERVICES, CHARGES

F 156

F 156

(d)(3) The facility must ensure that each resident remains informed of the name, specialty, and way of contacting the physician and other primary care professionals responsible for his or her care.

Written Notice regarding how to apply for and use Medicare/Medicaid benefits and how to receive refunds for previous payments covered by Medicare/Medicaid provided to each of the 8 active members of the Survey Sample and to their respective Authorized Representatives by Clinical Social Work Staff. 03/10/17

§483.10(g) Information and Communication.
(1) The resident has the right to be informed of his or her rights and of all rules and regulations governing resident conduct and responsibilities during his or her stay in the facility.

(g)(4) The resident has the right to receive notices orally (meaning spoken) and in writing (including Braille) in a format and a language he or she understands, including:

Copy of this Notice to be filed in the individual's paper medical record on the Ward by Clinical Social Work Staff and scanned into each of their electronic medical records by Health Information Management staff upon discharge. 03/24/17 & Ongoing

(i) Required notices as specified in this section. The facility must furnish to each resident a written description of legal rights which includes -

(A) A description of the manner of protecting personal funds, under paragraph (f)(10) of this

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Quiana K Smith, LCSW/RNHA Clinical Social Work Supervisor 2/27/17

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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F 156 Continued From page 1
section;

(B) A description of the requirements and procedures for establishing eligibility for Medicaid including the right to request an assessment of resources under section 1924(c) of the Social Security Act

(C) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State regulatory and informational agencies, resident advocacy groups such as the State Survey Agency, the State licensure office, the State Long-Term Care Ombudsman program, the protection and advocacy agency, adult protective services where state law provides for jurisdiction in long-term care facilities, the local contact agency for information about returning to the community and the Medicaid Fraud Control Unit; and

(D) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community.

(ii) Information and contact information for State and local advocacy organizations including but not limited to the State Survey Agency, the State Long-Term Care Ombudsman program (established under section 712 of the Older Americans Act of 1965, as amended 2016 (42 U.S.C. 3001 et seq) and the protection and

F 156

Written Notice regarding how to apply for and use Medicare/Medicaid benefits and how to receive refunds for previous payments covered by Medicare/Medicaid provided to all other respective individuals residing in Geriatric Services and to their respective Authorized Representatives by Clinical Social Work Staff. 03/10/17

Copy of this Notice to be filed in the individual's paper medical record on the Ward by Clinical Social Work Staff and scanned into each of their electronic medical records by Health Information Management staff upon discharge. 03/24/17 & Ongoing

Notice about how to apply for and use Medicare/Medicaid benefits and how to receive refunds for previous payments covered by Medicare/Medicaid posted in the Official Bulletin Board on public display at the Geriatric Services Entrance area and on the Board in the Visitors Room by the Geriatric Services Secretary. 02/28/17

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F 156	Continued From page 2 advocacy system (as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15001 et seq.) [§483.10(g)(4)(ii) will be implemented beginning November 28, 2017 (Phase 2)] (iii) Information regarding Medicare and Medicaid eligibility and coverage; [§483.10(g)(4)(iii) will be implemented beginning November 28, 2017 (Phase 2)] (iv) Contact information for the Aging and Disability Resource Center (established under Section 202(a)(20)(B)(iii) of the Older Americans Act); or other No Wrong Door Program; [§483.10(g)(4)(iv) will be implemented beginning November 28, 2017 (Phase 2)] (v) Contact information for the Medicaid Fraud Control Unit; and [§483.10(g)(4)(v) will be implemented beginning November 28, 2017 (Phase 2)] (vi) Information and contact information for filing grievances or complaints concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with the advance directives requirements and requests for information regarding returning to the community. (g)(5) The facility must post, in a form and manner accessible and understandable to residents, resident representatives:	F 156	Referenced Notice to be included in Admission Packet provided to each individual and their respective Authorized Representative upon their admission to Geriatric Services by Clinical Social Work Staff. Geriatric Services Secretary to monitor Display Board in Visitors Room each month to ensure Notice is present for observation by all individuals and all visitors to Geriatric Services. Clinical Social Work Supervisor/LNHA to monitor 100% of Admission Packets provided to individuals and/or Authorized Representatives each month to ensure referenced Notice included in the respective Packets. Monitoring to be discontinued upon 6 consecutive months of 100% compliance achieved.	03/03/17 & Ongoing 03/01/17 & Ongoing 03/24/17 & Ongoing	

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F 156	Continued From page 3 (i) A list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups, such as the State Survey Agency, the State licensure office, adult protective services where state law provides for jurisdiction in long-term care facilities, the Office of the State Long-Term Care Ombudsman program, the protection and advocacy network, home and community based service programs and the Medicaid Fraud Control Unit; and (ii) A statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulation, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, and non-compliance with the advanced directives requirements (42 CFR part 489 subpart I) and requests for information regarding returning to the community. (g)(13) The facility must 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, and how to receive refunds for previous payments covered by such benefits. (g)(16) The facility must provide a notice of rights and services to the resident prior to or upon admission and during the resident's stay. (i) 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	F 156			

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F 156 Continued From page 4

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responsibilities during the stay in the facility.

(ii) The facility must also provide the resident with the State-developed notice of Medicaid rights and obligations, if any.

(iii) Receipt of such information, and any amendments to it, must be acknowledged in writing;

(g)(17) The facility must--

(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-

(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;

(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

(ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in paragraphs (g)(17)(i)(A) and (B) of this section.

(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.

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F 156 Continued From page 5

F 156

(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.

(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.

(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.

(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.

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.

This REQUIREMENT is not met as evidenced by:

Based on observation and staff interview, the facility staff failed to prominently display any written information about how to apply for and use medicare and medicaid benefits, and how to receive refunds for previous payments covered by medicare and medicaid benefits.

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The Findings Included:

On 02/08/17 beginning at approximately 8:10 a.m. during an initial tour of the facility the surveyor was unable to locate any information regarding how to apply for medicare/medicaid and how to receive refunds for previous payments covered by medicare/medicaid

On 02/09/17 at approximately 10:35 a.m. SW (social worker) #1 was asked about the information regarding medicare/medicaid. SW #1 acknowledged there was not a posting on the unit and verbalized to the surveyor that the admissions packet was not specific in regards to medicare and medicaid.

The administrative staff were notified of the missing posting(s) regarding the medicare/medicaid information during a meeting with the survey team on 02/09/17 at approximately 11:40 a.m. During this meeting the administrative team verbalized to the survey team that the postings were now up on the unit and in the visitor's room.

No further information regarding this issue was provided to the survey team prior to the exit conference.

F 514 483.70(i)(1)(5) RES
SS=B RECORDS-COMplete/ACCURATE/ACCESSIB
LE

- (i) Medical records.
- (1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that

F 514
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SWVMHI Facility Director and Assistant 02/08/17
Director for Administrative Services 1545 hours
able to facilitate DBHDS Central Office
leadership approval for Surveyor's
unrestricted access.

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FORM CMS-2567(02-99) Previous Versions Obsolete

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F 514	Continued From page 8 The survey team entered the facility on 02/08/17 at approximately 0800. The survey team leader met with the facility administrator at this time. The survey team leader was informed by the facility administrator that the facility now uses electronic documentation. The team leader requested access to the clinical records for the survey team. At approximately 1125 on 02/08/17, the assistant director informed the survey team that she had contacted Richmond requesting computer access for the survey team. Asst. director stated that she was informed two days' notice was needed to establish access. She also stated if surveyors had a COV (Commonwealth of Virginia) account, she would be able to get access. Surveyors informed asst. director that they do have COV accounts. Asst. director stated she would return with requested access. At approximately 1140 on 02/08/17, the asst. director came to survey team, requesting personal information in order to establish computer access. At this time, the survey team contacted their supervisor at the Office of Licensure and Certification. At approximately 1215 on 02/08/17, a conference call was held with the survey team, facility administrative team, and the Office of Licensure and Certification. The facility administrative team stated they would supply staff assistants to the survey team in order to grant access to the clinical records. At approximately 1330 on 02/08/17, the survey team gained access to the Resident clinical records with the assistance of facility staff. At	F 514	A Facility staff member with Commonwealth of Virginia access will log a device onto the Commonwealth of Virginia network and direct the Surveyor(s) to the OneMind Electronic Health Record (EHR) sign on page for utilization of their respective individual logon to the system. The individual Surveyor logon to the OneMind Electronic Health Record (EHR) will expire within 5 business days of the access being granted unless a longer period of time is requested by the Facility. Facility staff shall inform the Director of Health Information Technology or the OneMind Development and Support Manager when the Surveyors are finished and Surveyor's individual logon access will be disabled at the time. SWVMHI Assistant Director for Administrative Services to complete periodic testing to verify consistent effectiveness to logon access with the Critical Ticket Request process. This testing to include evenings, weekends, and all shifts! Testing to be discontinued upon 3 consecutive testings of 100% compliance achieved.	02/24/17 & Ongoing	02/24/17 & Ongoing
				03/14/17 & Ongoing	


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F 514	Continued From page 9 approximately 1545, the surveyors were provided with individual login credentials.	F 514	DBHDS Central Office leadership staff, Suzanne Battaglia, Director, Health Information Technology, Department of Behavioral Health and Developmental Services, providing direct supervision to the Director of Health Information Technology and serving as the Reviewer to the OneMind Development and Support Manager will ensure consistent implementation of these actions for unrestricted access by Surveyors to individual electronic medical records for the individuals residing in Programs subject to the CMS Surveyor review.	03/24/17 & Ongoing	

How can you apply for Medicare/Medicaid benefits?

- Enroll online at *HealthCare.gov* or Cover Virginia or
- By phone at 1-800-318-2596 (HealthCare.gov) or 1-855-242-8282 (Cover Virginia) or
- Mail a paper application to your local Department of Social Services office or apply in person at a Department of Social Services office.

 ***Social Work Staff are available to facilitate your interaction with DBHDS Reimbursement Staff to pursue refunds for any previous payments covered by Medicare/Medicaid.***

By my signature below, I acknowledge that I have reviewed this information.

Patient

Date/Time

Patient's Authorized Representative

Date/Time

How to Apply for Medicare/Medicaid
Benefits (REV) Page 1 of 1



Chart Copy

Southwestern Virginia Mental
Health Institute
340 Bagley Circle
Marion, VA 24354

USE LABEL OR PRINT PATIENT ID HERE