

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

PRINTED: 01/30/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495181	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/10/2023
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NAME OF PROVIDER OR SUPPLIER  CLINCH VALLEY MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2949 W FRONT ST RICHLANDS, VA 24641
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E 000	Initial Comments  An unannounced Emergency Preparedness survey was conducted 1/9/23 through 1/10/23. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid standard survey was conducted 1/9/23 through 1/10/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.	F 000		
F 582 SS=D	The census in this 24 certified bed facility was 3 at the time of the survey. The survey sample consisted of 3 current resident reviews and 3 closed record reviews. Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v)  §483.10(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 §483.10(g)(17)(i)(A) and (B) of this section.	F 582	In review of BNR Resident-B and BNR Resident-C chart, the facility failed to issue a Notice of Medicare Non-Coverage (NOMNC) to both residents prior to discharge from facility. Going forward the facility will follow CMS regulations with issuing NOMNC.  On 1/11/2023 the Interim Unit Manager met with the Director of Case Management to discuss implementing a policy with issuing the required NOMNC. On 2/01/23 Interim Unit Manager discussed with	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Amber Love BSN, RN* TITLE: *Nurse Manager* (X6) DATE: *2/14/23*

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 582	Continued From page 1  §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. (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 interviews and document reviews, the facility staff failed to provide NOMNC notifications for two (2) of three (3) residents selected for SNF	F 582	Department Manager the state survey findings as well as the execution of a NOMNC policy. Policy was written following the CMS guidelines. Policy was sent to CNO, SNF Director, Director of Case Management and Social Worker. Policy was agreed upon by all parties. Education began to all SNF staff about implementation of said policy. All staff will be educated on new policy as of 2/2/2023. Staff began following new policy on 2/2/2023 to be in accordance with CMS Regulations (CMS 10123).  Going forward staff will conduct audits for residents required to receive NOMNCs. These audits will be completed at the first of every month. Results will be reported to Department Manager. Compliance will be a quality metric reported to the Patient Safety and Clinical Quality Council (PSCQC). The PSCQC will review and make recommendations regarding compliance.		

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F 582	<p>Continued From page 2 (Skilled Nursing Facility) Beneficiary Notification Review (BNR). (These two (2) residents will be identified as BNR Resident-B and BNR Resident-C.)</p> <p>The findings include:</p> <p>Three (3) residents were selected for SNF Beneficiary Notification Review. These three (3) residents were selected from the list of Medicare beneficiaries who were discharged from a Medicare covered Part A stay with benefit days remaining in the past 6 months prior to the survey; this list was provided by facility staff members. Two (2) of the three (3) residents were reported to not have been provided the NOMNC (CMS 10123) (Notice of Medicare Non-Coverage).</p> <p>Information provided by the facility's Interim Unit Manager (IUM) indicated:</p> <ol style="list-style-type: none"> <li>1. BNR Resident-B had "coverage still effective upon discharge ..." BNR Resident-B was discharged after the completion of intravenous antibiotic therapy. BNR Resident-B was discharged to their home with home health services.</li> <li>2. BNR Resident-C "was discharged with remaining days of coverage" after the completion of intravenous antibiotic therapy. BNR Resident-C was discharged to home; BNR Resident-C was documented as refusing home health services.</li> </ol> <p>On 1/10/23 at 1:38 p.m., the facilities' IUM reported that neither BNR Resident-B's nor BNR Resident-C's discharge was resident initiated, but that both residents were involved in the discharge planning and were agreeable to the discharge.</p>	F 582		

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F 582	<p>Continued From page 3</p> <p>The IUM reported that due to both residents agreeing with the discharge that neither were provided NOMNC notification. The IUM reported the facility did not have a written policy and procedure to guide the use of NOMNC notifications.</p> <p>On 1/10/23 at 4:44 p.m., the survey team met with the facility's IUM and Chief Nursing Officer (CNO). The failure of facility staff to provide BNR Resident-B and BNR Resident-C with NOMNC notification when discharged with benefit days remaining was discussed. The absence of a written policy and procedure to address the use of the NOMNC notification was discussed.</p>	F 582			