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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 035283 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/31/2019 |
| NAME OF PROVIDER OF SUPPLIER SANTE OF CHANDLER | | STREET ADDRESS, CITY, STATE, ZIP 825 SOUTH 94TH STREET CHANDLER, AZ 85224 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | |
| F 0582 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** > Based on clinical record review, staff interviews, and the Form Instructions for the Notice of Medicare Non-Coverage (NOMNC) CMS- , the facility failed to ensure the resident's representative signature on the NOMNC form was dated the day the form was signed for one of two sampled residents (#145). The deficient practice could result in NOMNC forms not being accurate. Findings include: Resident #145 was admitted on [DATE], with [DIAGNOSES REDACTED]. The resident was discharged on (MONTH) 8, 2019. Review of the admission Minimum Data Set assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 14 which indicated the resident had intact cognition. Review of the resident's face sheet revealed the resident was his own primary responsible party. Review of a weekly Interdisciplinary Team Meeting (IDT) summary and note dated 9/19/19 at 3:32 p.m., revealed the resident's tentative safe transition date was 9/22/19. The participants listed did not include the resident or the resident's family member. The note included the resident's family member was notified via phone on 9/19/19. The note also included the NOMNC was issued. The note revealed the resident and the resident's family member expressed understanding of and was in agreement with the plan of care. The NOMNC meeting summary and notes dated 9/20/19 at 11:46 a.m., revealed the participants included the resident and the resident's family members x 2. The note included the resident's family member was presented with the NOMNC form and stated that they had also received the information via phone last night (9/19/19). The note also included that the NOMNC form was signed and that the family member was informed that the NOMNC form will be dated 9/19/19 since they were notified via phone on that date regarding the discharge date . A review of the NOMNC CMS- form revealed the Medicare skilled services would end (MONTH) 21, 2019. The NOMNC form included the family member was notified via phone on 9/19/19 at 2:24 p.m. The form also included the family member's signature with the date 9/19/19. Further review of the clinical record revealed no evidence the resident and/or his family member was given a copy the NOMNC form prior to 9/20/19. An interview was conducted with a case manager (staff #149) on 10/30/19 at 08:33 AM. Staff #149 stated that the resident or the resident's representative should be provided a copy of the NOMNC form at least 48 hours prior to the date the Medicare skilled services will end. She stated that the resident's family member was very upset about the discharge and refused to sign the NOMNC form at first. Staff #149 also stated that she was not the case manager for that resident at the time and that the resident's actual case manager was currently out of the country. She stated that she could not comment to the date the NOMNC form was signed. An interview was conducted with the administrator (staff #123) on 10/30/19 at 11:38 AM. The administrator stated that she believes the NOMNC form was presented to the resident's family member on 9/20/19. The administrator also stated that the NOMNC form may have been backdated to 9/19/19 by the case manager because that is when the family member was notified of the NOMNC via phone. The administrator stated that if the form was backdated, she would not consider that to be an acceptable practice. The Form Instructions for the NOMNC CMS- revealed the resident or the resident's representative must sign the signature line and must fill in the date that he or she signed the document.</p> | | |
| F 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** > Based on clinical record review, staff interviews, and the Form Instructions for the Notice of Medicare Non-Coverage (NOMNC) CMS- , the facility failed to ensure a NOMNC form was accurately dated for one of two sampled residents (#145). The deficient practice could result in residents' clinical records not being accurate. Findings include: Resident #145 was admitted on [DATE], with [DIAGNOSES REDACTED]. The resident was discharged on (MONTH) 8, 2019. Review of the NOMNC meeting summary and notes dated 9/20/19 at 11:46 a.m., revealed the participants included the resident and the resident's family members x 2. The note included the resident's family member was presented with the NOMNC form and stated that they had also received the information via phone last night (9/19/19). The note also included that the NOMNC form was signed and that the family member was informed that the NOMNC form will be dated 9/19/19 since they were notified via phone on that date regarding the discharge date . A review of the NOMNC CMS- form revealed the Medicare skilled services would end (MONTH) 21, 2019. The NOMNC form included the family member was notified via phone on 9/19/19 at 2:24 p.m. The form also included the family member's signature with the date 9/19/19. An interview was conducted with a case manager (staff #149) on (MONTH) 19, 2019 at 08:33 AM. Staff #149 stated that she was not the resident's case manager for the resident and could not comment to the date when the NOMNC form was signed. She stated the case manager who was assigned to the resident was currently out of the country. An interview was conducted with the administrator (staff #123) on 10/30/19 at 11:38 AM. The administrator stated that she believes the NOMNC form was presented to the resident's family member on 9/20/19. The administrator also stated that the NOMNC form may have been backdated to 9/19/19 by the case manager because that is when the family member was notified of the NOMNC via phone. The administrator stated that if the form was backdated, she would not consider that to be an acceptable practice. The Form Instructions for the NOMNC CMS- revealed the resident or the resident's representative must sign the signature line and must fill in the date that he or she signed the document.</p> | | |

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.