STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	015386	A. Building B. Wing	06/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adams Rehabilitation and Healthcare Center	1555 Hillabee Street Alexander City, AL 35010

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	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on interview, review of Resident Identifier (RI) #39's medical record and the facility's policy, the facility failed to ensure the estimated cost to continue to receive physical therapy services was listed on the Advance Beneficiary Notice of Noncoverage (ABN) for RI #39; one of three residents reviewed for beneficiary notices. Findings include: The facility's policy titled, Advance Beneficiary Notices last revised 7/13/2020 stated, Policy To provide timely notices regarding Medicare eligibility and coverage. Procedure . 7. Additional notices shall be issued to Medicare beneficiaries when appropriate. a. A liability notice shall be issued to Medicare beneficiaries before the facility provides: . For Part A items and services, the facility may use either the Skilled Nursing Facility Advance Beneficiary Notice (SNFABN), CMS Form #10055, or one of five SNF denial letters as the liability notice . 9. The current CMS-approved version of the forms shall be used at the time of issuance to the beneficiary (resident or resident representative). Contents of the form shall comply with related instructions and regulations regarding the use of the form . The SNF Beneficiary Protection Notification Review indicated RI #39 began receiving Part A Medicare services on 1/18/2021 and the resident's last covered day of Part A services was 4/15/2021. The form indicated The facility/provider initiated the discharge from Medicare Part A Services when benefit days were not exhausted. The Advance Beneficiary Notice of Noncoverage (ABN) indicated RI #39 had reached the maximum level of physical therapy. The form did not include the estimated cost of services if the resident or their representative wanted to continue receiving the physical therapy services without assistance from Medicare. During an interview on 6/2/2021 at 12:47 PM, Employee Identifier (EI) #1, a Restorative Nurse stated she completed and issued the ABN notices to the residents. EI #1 stated the facility practice was to identify the estimated cost only after a resident or resident representative requested to continue receiving Part A services.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE