

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165626	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER Oakview Nursing & Rehabilitation - Marion		STREET ADDRESS, CITY, STATE, ZIP CODE 720 Oakbrook Marion, IA 52302	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interviews, and the Medicare Claims Processing Manual the facility failed to provide residents ending skilled care with current Advanced Beneficiary Notice (ABN) and Notice of Medicare Non Coverage (NOMNC) documents for 3 of 3 residents reviewed (Residents #22, #41, #42). The facility reported a census of 36. Findings include: 1) The Minimum Data Set (MDS) dated [DATE] for Resident #22 documented an admission date of 4/17/25 and a Medicare end date of 5/5/25. A document titled Notice of Medicare Non-Coverage (NOMNC) for the resident was signed by their representative on 5/2/25. The document footnote was Form CMS 10123-NOMNC (approved 12/31/2011). A document titled Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNFABN) for the resident was signed by their representative on 5/2/25. The document footnote was Form CMS-10055 (2018). 2) The Minimum Data Set (MDS) dated [DATE] for Resident #41 documented an admission date of 5/5/25 and a discharge date of 6/3/25. A document titled Notice of Medicare Non-Coverage (NOMNC) for the resident was signed by the resident on 5/29/25. The document footnote was Form CMS 10123-NOMNC (approved 12/31/2011). 3) The Minimum Data Set (MDS) dated [DATE] for Resident #42 documented Medicare start date of 2/25/25 and a Medicare end date of 3/7/25. A document titled Notice of Medicare Non-Coverage (NOMNC) for the resident was signed by their representative on 3/5/25. The document footnote was Form CMS 10123-NOMNC (approved 12/31/2011). A document titled Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage (SNFABN) for the resident was signed by their representative on 3/5/25. The document footnote was Form CMS-10055 (2018). Form CMS-10055 has a current footnote of Form CMS-10055 (2024). Form CMS-10123 has a current footnote of Form CMS 10123-NOMNC, OMB approval 0938-0953, Exp. 11/30/27. During an interview on 8/21/25 at 10:28 AM the Director of Nursing (DON) indicated she was responsible for completing ABN's and NOMNC's. She stated the forms currently used were given to her, and filling them out was the standard process unless residents used an Advantage Plan. She stated she never thought about needing updated forms and didn't know the process for getting new ones. On 8/21/25 at 10:32 AM the Administrator stated she was not aware the forms had been updated. When asked how she would get new forms she reported she would look to CMS or their consulting company for guidance. CMS manual Medicare Claims Process Manual issued 10/31/24, Chapter 30, 50.5 B., documented ABN's were effective as of the OMB approval or expiration date given at the bottom of each notice and routine approval was for 3 year use. Notifiers were expected to exclusively use the current version of ABN's. Manual section 260.3.2 further documented providers must use the OMB-approved NOMNC (CMS-10123).		

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
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