STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315128	A. BUILDING _____ B. WING _____	05/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIRTUA HEALTH & REHAB MT HOLLY	62 RICHMOND AVENUE LUMBERTON, NJ 08048

(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
F 000	INITIAL COMMENTS Standard Survey: 05/12/21 Census: 98 Sample: 23 The facility is not in substantial compliance with the requirements of 42 CFR Part 483, Subpart B, for long term care facilities; deficiencies were cited for this survey. The facility must submit a Plan of Correction to address the following concerns that pose no greater risk to resident health or safety than the potential for causing minimal harm. A COVID-19 Focused Infection Control Survey was conducted in conjunction with the recertification survey. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations as it relates to the CMS and Centers for Disease Control and Prevention (CDC) recommended practices for COVID-19.	F 000		
F 582 SS=B	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	F 582		5/19/21

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

Electronically Signed | 05/21/2021

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F 582	Continued From page 1 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. §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	F 582		

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F 582	Continued From page 2 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 interview and record review, it was determined that the facility failed to provide the required Skilled Nursing Facility (SNF) Advance Beneficiary Notice (ABN) for [redacted] residents (Resident [redacted] and Resident [redacted]) reviewed for change in insurance coverage status and who remained in the facility. This deficient practice was evidenced by: On 05/11/2021 at 10:55 AM, the Administrator provided SNF Beneficiary Protection Notification Review (BPNR) forms for two residents, Resident [redacted] and Resident [redacted], who had a change in insurance coverage status and remained in the facility. At that time, the Administrator stated that both residents' SNF BPNR forms did not include a SNF ABN. Review of Resident [redacted] BPNR included the last covered day for Medicare Part A Services was 3/15/2021 and the explanation of why the resident was not provided the SNF ABN was, "Long Term Care Medicaid." Review of Resident [redacted] BPNR included the last covered day for Medicare Part A Services was 3/19/2021 and the explanation of why the resident was not provided the SNF ABN was, "Long Term Care Medicaid." During an interview on 05/11/2021 at 11:14 AM, the Social Services Director (SSD) stated that if a resident's Medicare A coverage ends with benefit	F 582	Two (2) long term care residents were affected by this deficiency. The two (2) residents had no financial liability incurred. All Medicare Part A beneficiaries who remain in the facility after their Part A stay ends, because the facility determined the beneficiary no longer requires skilled services, may potentially be affected by this deficient practice. The systemic changes made to the SNF ABN completion procedure are as follow: Utilization review team member will be assigned to complete the required NOMNC From CMS 10123 and SNF ABN form CMS-10055. Social Worker will deliver CMS notice to the beneficiary. In-service education was completed with Utilization review manager, Social Services, Business Office Manager, Quality Director and Administrator to review policy and systemic changes that were effective immediately. Medical records will audit for timely compliance and scan the completed forms prior to discharge or change in payer. Business office manager will continue monthly audits and report findings along with recommended corrective actions quarterly at the facilities QAPI meetings	

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F 582	Continued From page 3 days remaining and the resident chooses to stay in the facility, the resident should receive the SNF ABN. The SSD further stated that the Social Workers (SW) are aware of the proper procedure of providing the SNF ABN and that they follow written instructions provided by the Centers for Medicare and Medicaid Services to determine which forms the residents receive. During an interview on 05/11/2021 at 11:21 AM, the SW responsible for providing Resident Executive and Executive with the required SNF ABN stated the importance of providing the SNF ABN was to allow the resident to choose whether or not they want to continue with skilled services. The SW further stated Resident Executive and Executive should have received the SNF ABN, but that she "forgot to attach the ABN to the email." Review of the written instructions, provided by the SSD, titled, "Beneficiary Notice Guidelines," undated, included the scenario, "Part A stay will end because: SNF determines the beneficiary no longer requires skilled services. Resident has days remaining in benefit period. Resident will remain in the facility," and indicated the required forms to provide included the SNF ABN. Review of the facility's Skilled Nursing Facility Notification of Financial Responsibility and Non-Coverage policy, dated 7/2018, included, "If the beneficiary remains in the facility with Medicare A days left in a benefit period then a SNF ABN is required," and, "the SNF ABN is completed by Social Services Department representative and delivered to the patient at least two calendar days prior to the last covered day of Medicare A."	F 582		

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F 582	Continued From page 4 NJAC 8:39-4.1(a)(8)	F 582		

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

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER (Y1)	MULTIPLE CONSTRUCTION A. Building B. Wing (Y2)	DATE OF REVISIT (Y3)
315128		8/4/2021

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
VIRTUA HEALTH & REHAB MT HOLLY	62 RICHMOND AVENUE LUMBERTON, NJ 08048

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0582 Reg. # 483.10(g)(17)(18)(i)-(v) LSC	Correction Completed 05/19/2021	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON	
5/12/2021	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO