



WE ARE FAMILY  
SERVING FAMILIES



## ARBOR NURSING CENTER

July 1, 2013

Mary Jean Parvin  
900 N. Church St.  
Lodi, CA 95240

Re: Insurance Coverage

Dear Mrs. Parvin:

This letter is to notify you that we have conducted an insurance verification for your secondary insurance, Mutual of Omaha. As previously explained during the admission process, Medicare pays the first 20 days of a new benefit period at 100%. As of the 21<sup>st</sup> day, a Medicare Part A Co-insurance of \$148.00 per day will accrue. According to our records, you admitted with 100 days of Medicare benefits available. We have been informed that Mutual of Omaha should cover the Medicare Part A Co-Insurance charges incurred as of the 21<sup>st</sup> day of your benefit period. This means that as of 07/19/2013 the Medicare Part A Co-Insurance charges of \$148.00 per day will be billed to Mutual of Omaha. Furthermore, should you incur any Part B Co-Insurance/Deductible charges after your Medicare Part A coverage ends, those charges should be covered as well.

As stated above, as a courtesy a claim will be submitted to Mutual of Omaha on your behalf. However, your insurance coverage is a contract between you and Mutual of Omaha. If Mutual of Omaha should deny our claim, the co-insurance charges will be due privately. If this should occur, Mutual of Omaha should send a notice to you indicating the claim has been denied and we will send a statement requesting payment for these denied charges.

If you have any questions, please contact me in the business office at (209) 340-4831.

Sincerely,

**Judy Crafton**

Judy Crafton  
Business Office Assistant



900 North Church Street, Lodi, CA 95240  
Phone: (209) 333-1222 • Fax: (209) 333-1816

[www.arbornursingcenter.com](http://www.arbornursingcenter.com)

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**Arbor Nursing Center**  
**900 North Church Street**  
**Lodi, CA 95240**  
**(209) 333-1222**

**Patient name: MARY PARVIN**

**Patient number: 7231**

**The Effective Date Coverage of Your Current Skilled Services Will End:**  
**JULY 30, 2013**

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- Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current skilled services after the effective date indicated above.
  - You may have to pay for any services you receive after the above date.
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### Your Right to Appeal This Decision

- You have the right to an immediate, independent medical review (appeal) of the decision to end Medicare coverage of these services. Your services will continue during the appeal.
  - If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
  - If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.
  - If you choose to appeal, and the independent reviewer agrees services should no longer be covered after the effective date indicated above;
    - Neither Medicare nor your plan will pay for these services after that date.
  - If you stop services no later than the effective date indicated above, you will avoid financial liability.
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### How to Ask For an Immediate Appeal

- You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.
- Your request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the effective date indicated above.
- The QIO will notify you of its decision as soon as possible, generally no later than two days after the effective date of this notice if you are in Original Medicare. If you are in a Medicare health plan, the QIO generally will notify you of its decision by the effective date of this notice.
- Call your QIO at: HSAG 1-800-841-1602 to appeal, or if you have questions.
- See page 2 of this notice for more information.

If You Miss The Deadline to Request An Immediate Appeal, You May Have Other Appeal Rights:

- If you have Original Medicare: Call the QIO listed on page 1.
- If you belong to a Medicare health plan: Call your plan at the number given below.

Plan contact information

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Additional Information (Optional):

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Please sign below to indicate you received and understood this notice.

I have been notified that coverage of my services will end on the effective date indicated on this notice and that I may appeal this decision by contacting my QIO.

*Mary Jean Parvin*

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Signature of Patient or Representative

*July 26, 2013*

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Date

REQUEST FOR MEDICARE INTERMEDIARY REVIEW

// A. I want my bill for services I continue to receive to be submitted to the intermediary for a Medicare decision. You will be informed when the bill is submitted.

If you do not receive a formal Notice of Medicare Determination within 90 days of this request you should contact: Palmetto GBA

2743 Perimeter Pkwy Ste 200

Augusta, GA 30909-6487

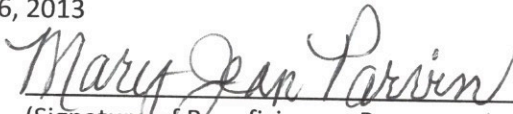
B. I do not want my bill for services I continue to need to be submitted to the intermediary for a Medicare decision.

I understand that I do not have Medicare appeal rights if a bill is not submitted.

NOTE: You are not required to pay for services until a Medicare decision has been made.

VERIFICATION OF RECEIPT OF NOTICE

C. This acknowledges that I received this notice of noncoverage of services under Medicare on July 26, 2013

  
\_\_\_\_\_  
(Signature of Beneficiary or Person acting on Beneficiary's behalf)

D. This is to confirm that you were advised of the noncoverage of the services under Medicare by telephone on (date of telephone contact).

\_\_\_\_\_  
(Name of Beneficiary or Representative contacted)

\_\_\_\_\_  
(Signature of Administrative Officer)

KEEP A COPY OF THIS FOR YOUR RECORDS

Attention Dr. Friends

Confidential Records Enclosed

RE: MaryJean Parvin DOB 3-16-1943

Sent by Tiffany Anderson  
Contact 209-625-8587

7pg document enclosed

Please confirm receipt

*faxed 368-2910*

*2:10 pm 7-23-13*

Dr. Freund  
Millsbridge Family Care  
1901 W. Kettleman Ln., Ste 200  
Lodi, CA 95242

**Arbor Convalescent Hospital**  
900 N Church  
St, Lodi, CA 95240

Re: MaryJean Parvin  
2 N Avena Avenue  
Lodi, CA 95240

July 23, 2013,

This letter is to offer a short summarization of the emotional traumas and medical history experienced from 2010 to the current date to take into consideration my concerns of a safe and informed discharge. Dr. Freund became MaryJeans's full time primary care provider since 2010.

Dr. Freund specifically Mary and I both need to know if she has the onset of dementia as this diagnosis was written and discussed from the file that followed Mary from LMH to her treatment in home by Lodi Health care.

A required prescreen information questionnaire should be in MaryJeans's records on file at your office. In the file, it should verify the information I am disclosing to you now.

- Mary lost her husband to diabetes complications resulting in infections to both legs followed with amputation resulting in his death.
- MaryJean Parvins sister Shirley Hazel Johnson died 3-29-2012.
- In the process of finalizing Shirley's last wishes Mary became ill herself.
- MaryJean was admitted to Lodi Memorial 5-11-2012 fell and hit her head and lost full memory while receiving treatment for a routine urinary tract infection and excessive fluid around her heart.
- LMH informed Mary exposure to MRSA and C-DIFF were inevitable while spending a few months living with her sister to assist in her care.
- Instructions were given by LMH to have the home treated by a special cleaning company to kill MRSA and C-Diff
- MaryJean has fallen three times with direct trauma to her head after the incident at LMH which resulted in full memory loss.
- The other falls showed symptoms of vertigo.
- When diagnoses in files of dementia, confusion, MRSA, stroke, along with symptoms that are similar to her deceased sisters cause of death.

This information should be alarming to the provider testing and treating these diseases.

With the medical history Mary has on file at home it alarms me that her physician has continued to release her without knowing what resources are in place at home.

MaryJean has lost three family members after the loss of her sister the last year and is very susceptible to depression and isolation from the grief, which further complicates her decline in mental and physical health.

MaryJean's Parvin has assigned me Tiffany Kay Anderson as her Durable Power of Attorney and her Medical Directive, as she has no children. If for any reason I am unable to fulfill my duties or resign Jimmy and Barbra Amburn are to take my place. I have informed the second assignees of the trust of the current circumstances for palliative support.

As I stated in the beginning of this letter, it is imperative that MaryJean and I have full comprehensive knowledge of all her medical diagnosis to date.

- Dementia was a repeated diagnosis read from her file two times after her release from LMH less than a month ago.
- This is a serious disease and a plan needs to be addressed while Mary is still capable of deciding her treatment after she loses her memory.

Please review the attached 911 call sheet and LMH admit and release history. It offers a clear picture that Mary needs an advocate. Full knowledge of her diagnosis and needs are necessary to prepare a safety plan when she is released home.

Mary and I live together but I have obligations and I need to be able to leave Mary alone for at least four hours in a day. I need to leave one weekend out of the month. During my absence, I believe that Mary needs care and I need someone with the training and authority who has been assessed of her condition to care of her. IE: Making sure she eats and gets her medications on time, so that her recovery remains stable.

MaryJean thinks that she was fully capable of taking care of her self and instructed me to not make her an invalid. As I have no clear idea of Mary's medical diagnosis and I do not think she understands her needs as well proven by the 911 and LMH records. At Arbor Mary has thrived with the 24 hour care given.

When Mary returns home I need to match the same level of care she is relying on now.

I have watched Mary's physical and mental needs decline rapidly within the last few months. I had to quit school finals week failing my classes and defaulting on my student loans.

Please review the records attached to this letter. Please assess Mary's needs accurately so she can return home safely with the resources in place to successfully maintain her ability to live in her home with the proper care in place prior to her return to prevent the traumatic experience of 2011 and 2012.

To reaffirm the urgency of my letter, Dr. Freund specifically Mary and I both need to know if she has the onset of dementia as this diagnosis was written and discussed from the a file that followed Mary from LMH to her treatment in home by Lodi Health care.



WE ARE FAMILY  
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ARBOR  
NURSING CENTER

SNF DETERMINATION OF CONTINUED STAY

July 26, 2013

Mary Parvin  
900 N. Church St.  
Lodi, CA 95240

RE: Medicare Coverage  
HIC# XXX-XX-7161A

Admit Date 06/29/2013

On July 26, 2013, we reviewed your medical information and found that the services furnished to you no longer qualified as covered under Medicare beginning July 31, 2013.

“Medicare covers medically necessary skilled nursing care needed on a daily basis. You only needed oral medications, assistance with your daily activities and general supportive services. There is no evidence of medical complications or other medical reasons that required the skills of a professional nurse or therapist to safely and effectively carry out your plan of care. Therefore, we believe that your care cannot be covered under Medicare.”

This decision has not been made by Medicare. It represents our judgment that the services you needed no longer met Medicare payment requirements. A bill will be sent to Medicare for the services you received before July 31, 2013. Normally, the bill submitted to Medicare does not include services provided after this date. If you want to appeal this decision, you must request that the bill submitted to Medicare include the services we determined to be noncovered. Medicare will notify you of its determination. If you disagree with that determination you may file an appeal.

Under a provision of the Medicare law, you do not have to pay for noncovered services determined to be custodial care or not reasonable or necessary unless you had reason to know the services were noncovered. You are considered to know that these services were noncovered effective with the date of this notice.

We regret that this may be your first notice of the noncoverage of services under Medicare. Our efforts to contact you earlier in person or by telephone were unsuccessful.

Please check one of the boxes below to indicate whether or not you want your bill submitted to Medicare and sign the notice to verify receipt.

Sincerely yours,

*Judy Crafton*

Judy Crafton  
Business Office Assistant  
209-340-4831

900 North Church Street, Lodi, CA 95240  
Phone: (209) 333-1222 • Fax: (209) 333-1816

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Attention Dr. Freunds

Confidential Records Enclosed

RE: MaryJean Parvin DOB 3-16-1943

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Sent by Tiffany Anderson  
Contact 209-625-8587

7pg document enclosed

Please confirm receipt

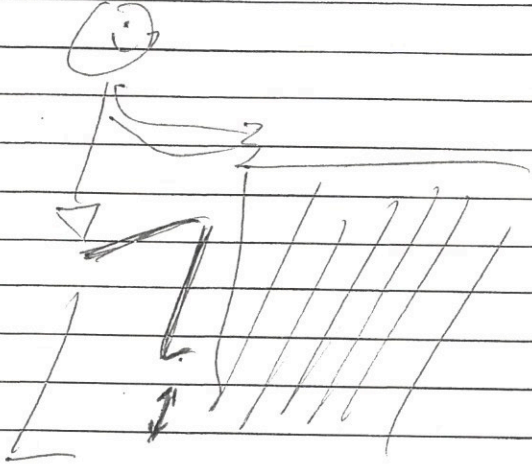
faxed 368-2910

2:10 pm 7-23-13

# THERAPY INSTRUCTION SHEET

## STANDING EXERCISES AT SINK OR COUNTER TOP

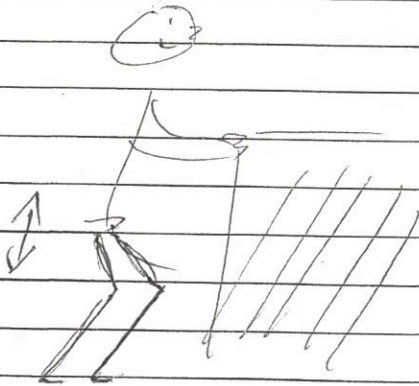
10 repetitions / set each  
2-3 sessions / day



### HIGH-STEPPING

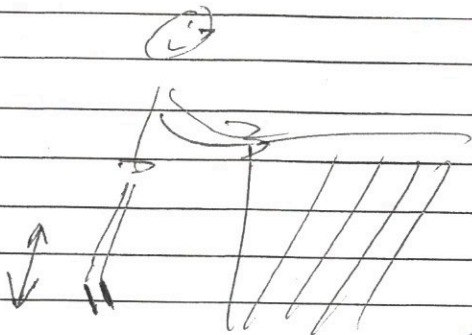
- alternating steps
- slow-motion
- upright posture

Ankle pumps in  
recliner chair  
do a lot!



### MINI-SQUATS

- feet wide apart
- partial squat, 30% max
- medium-slow speed



### HEEL RAISES

- upright posture
- slowly, even motion
- feet wide apart

975 SOUTH FAIRMONT  
LODI, CA 95241  
(209) 334-3411

HOME HEALTH AGENCY

THERAPY  
INSTRUCTION SHEET

DATE 6-13-13

PATIENT NAME: Mary Parvia



# POST-DISCHARGE PLAN OF CARE

Discharge information is to help you maintain your health and

Discharged:  home  to a residential care facility (see facility)

Phone 909 333

Arena Ave City/State/Zip 95201

## COMMUNITY RESOURCES ARE AVAILABLE TO MEET YOUR

man Phone (209) 46

2 S. San Joaquin Street City/State/Zip St

Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

SJCD Adult Protective Services Phone (209) 46

2 S. San Joaquin Street 3rd Floor City/State/Zip St

## RESOURCES AND SERVICES PLANNING

Res to contact PCP Dr Frewend for cont

home,

provided by self. Res will hire private home

/Family system/Special requests:

Issues/needs:

Cost/Payment for services:

Costs: cont HA RN/PT/DT @ Lodi Health.

Signature and title: Stephan Cox

## APPOINTMENTS

| Appointment With  | Date          | Purpose             |
|-------------------|---------------|---------------------|
| <u>at 8:30 am</u> | <u>2/5/13</u> | <u>Flu after DC</u> |
|                   |               |                     |
|                   |               |                     |

First Mary Jean Middle \_\_\_\_\_ Attending Physician Dr Frewend

