F 000 INITIAL COMMENTS

Complaint investigation #32914 and #32956 was completed on February 7, 2014, and February 14, 2014, at Greystone Health Care Center. No deficiencies were cited related to complaint investigation #32914. Deficiencies were cited related to complaint investigation #32956 under CFR 42 Part 483, Requirements for Long Term Care Facilities.

F 159 483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS

Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.

The facility must deposit any resident's personal funds in excess of $50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)

The facility must maintain a resident's personal funds that do not exceed $50 in a non-interest bearing account, interest-bearing account, or petty cash fund.

The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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.
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The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.

The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.

The facility must notify each resident that receives Medicaid benefits when the amount in the resident’s account reaches $200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident’s other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.

This REQUIREMENT is not met as evidenced by:

Based on review of resident personal funds, review of facility policy, and interview, the facility failed to ensure that upon death of a resident funds were disbursed within 30 days to the responsible party for one resident (#4) of three residents reviewed.

The findings included:

Resident #4 was admitted to the facility on February 25, 2009, with diagnoses including Chronic Kidney Disease, Diabetes Mellitus Type 2, Congestive Heart Failure, and Hypertension.

Medical record review of a Discharge Summary (D/C) dated September 27, 2013, revealed the resident had expired. Continued medical record review of the D/C summary revealed "...cause of..."
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Death...respiratory/cardiac failure...resident passed away at facility...family notified...hospice notified..."

Review of facility policy, Resident Personal Funds, revealed "...upon the death of a resident with a resident trust account...the facility must disburse the resident funds within 30 days..."

Review of receipts with the Payroll Coordinator and the Director of Nursing (DON) on February 14, 2014, at 10:27 a.m., in the conference room revealed a check written to the estate of the resident on December 13, 2013, for $662.54.

Interview with the Payroll Coordinator and the DON, on February 14, 2014, at the time of the review, in the facility conference room revealed a check to the estate of the resident for $662.54 was not issued until December 13, 2013 (seventy-six days after the resident's death).

C/O #32956

A Resident Fund Management System in-service was conducted on 2/14/2014 and 2/16/2014 with the office staff, which included the weekday receptionist, weekend receptionist, Business office assistant, H/R director and the Social Services Director to review facility policies and practices for managing, opening and closing resident accounts. All resident accounts will be closed within the 30 days of a resident discharge.

The Business Office Manager, or designee, will print a trial balance each week beginning the week of March 3, 2014 and audit the trial balance with a census discharge list to ensure all resident accounts are closed within 30 days of discharge. Results of the audits will be presented to the facility Quality Assurance Committee for monitoring and recommendations monthly beginning with the Quality Assurance meeting for March 2014. Audits will continue for 3 months and the QA committee will evaluate for future monitoring.
Greystone Health Care Center

Quality Assurance Committee

2014

Administrator
Director of Nursing Service
Assistant Director of Nursing
Medical Director
Staff Development Coordinator
Respiratory Manager, RRT
Business Office Manager
Plant Operations Supervisor
Dietary Manager
Social Service Director
Activities Director
MDS Coordinator
Medical Records Designee