

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345405	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 8/15/2013
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NAME OF PROVIDER OR SUPPLIER CHARLOTTE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1735 TODDVILLE RD CHARLOTTE, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 159	<p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>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.</p> <p>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.)</p> <p>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.</p> <p>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.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, family interview and staff interview the facility failed to ensure a responsible party received a quarterly personal funds statement for 1 of 2 residents. (Resident #101).</p> <p>Findings included:</p> <p>A review of the quarterly Minimum Data Set dated 06/14/13 for Resident #101 revealed impaired long and short term memory and severely impaired cognitive skills for decision making. A review of Resident #101's medical record revealed a family member was identified as the responsible party (RP).</p> <p>On 08/12/13 at 12:34PM an interview with the residents RP revealed the facility did not provide a statement of how much money was in the Resident's account.</p>
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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

The above isolated deficiencies pose no actual harm to the residents

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F 159	Continued From Page 1
F 160	<p>On 08/15/13 at 11:17AM an interview with the business office representative revealed the facility's corporate office mailed out the statements for resident accounts every 3 months. The business office staff stated the corporate office mailed out a statement to Resident #101's mailing address prior to her facility admission and it was returned by the postal service to the facility. The statement was kept in the business office because the Resident was not capable of understanding what it was. The business office representative stated the statement for Resident #101's account was not provided to the RP. The business office staff stated the facility communicated with the RP for decisions regarding the care and services provided to the Resident.</p> <p>483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH</p> <p>Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to convey a deceased resident's personal funds to their estate for 1 of 3 residents (Resident #29).</p> <p>Findings included:</p> <p>A closed record review revealed Resident #29 died on 05/13/13. A review of the Resident's trust account refund record revealed a check dated 06/07/13 was sent to the Social Security Administration (SSA).</p> <p>On 08/15/13 at 11:17AM an interview with the business office representative revealed Resident #29's remaining funds were sent to the SSA. She stated a statement had been received from the SSA indicating an overpayment had been made. She stated as the facility was the payee for the Resident the facility had to send the funds to them.</p>