

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345503	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 1/12/2017
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG & REH ROWA	STREET ADDRESS, CITY, STATE, ZIP CODE 4412 SOUTH MAIN STREET SALISBURY, NC		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
F 160	<p>483.10(f)(10)(v) CONVEYANCE OF PERSONAL FUNDS UPON DEATH</p> <p>(v) Conveyance upon discharge, eviction, or death.</p> <p>Upon the discharge, eviction, or 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 resident, or in the case of death, the individual or probate jurisdiction administering the resident's estate, in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to convey personal funds of two of fourteen deceased residents to the Clerk of Courts within 30 days (Residents #173 and #8).</p> <p>Findings included:</p> <p>A review of the facility policy and procedure for closing Patient Trust Account with a revision date of 5/20/14 was reviewed and it stated, in part:</p> <ol style="list-style-type: none"> a. All balances of accounts for discharged residents must be refunded within 30 days of the discharge date. b. Residents who are deceased, checks will be made out to the estate of the resident name and mailed to the Clerk of Court. <p>A review of recently deceased residents was conducted and two residents with personal funds accounts with the facility were identified.</p> <ol style="list-style-type: none"> 1. Resident #173 's date of death was 10/3/2016. The receipt for Resident #173 personal funds account was reviewed. The receipt was dated 1/11/17 for the close trust account date. 2. Resident #8 's date of death was 11/15/16. The receipt for Resident #8 personal funds account was reviewed. The receipt was dated 1/11/17 for the close trust account date. <p>An interview was conducted with the Business Officer Manager (BOM) on 1/11/17 at 3:37 PM and she reported that the personal funds monies had not been sent to the clerk of courts for either resident, but she was planning to write the checks on 1/11/2017. She reported she understood there was no time limit on closing the personal funds account and she was supposed to keep funds in the account until all bills had posted.</p> <p>An interview was conducted with the Administrator on 1/12/17 at 2:04 PM. The Administrator reported the BOM misunderstood instructions for conveying personal funds. The Administrator went on to explain an in-service had been conducted with the BOM on 1/11/17 regarding the time frame to close the deceased resident 's personal funds account.</p>		

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