

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345254	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 8/5/2017
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NAME OF PROVIDER OR SUPPLIER MONROE REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1212 EAST SUNSET DRIVE MONROE, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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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:</p> <p>Based on record review and staff interviews, the facility failed to convey personal funds for 2 of 3 deceased residents to the Clerk of Courts within 30 days (Residents #61 and #169) and failed to convey personal funds to the authorized party (Clerk of Courts) for 1 of 3 residents (Resident #169).</p> <p>The findings included:</p> <p>1. Resident #61 expired on 4/7/17. A review of Resident #61's Resident Fund Statement for the period of 2/3/17 through 4/14/17 revealed a cash balance of \$90.00 on 4/7/17. An account entry dated 04/14/17 revealed the account was closed with a debit amount of \$90.00 and an ending balance of \$0.00.</p> <p>Review of a copy of a signed facility check dated 5/10/17 revealed it was made out to the estate of Resident #61, in the amount of \$90.00.</p> <p>Interview with the Business Office Manager (BOM) on 8/3/17 at 11:00 AM revealed that she had recently taken over the BOM role and did not know why the funds were not conveyed within 30 days as required.</p> <p>Interview with the Regional Business Office Manager on 8/3/17 at 11:215 AM revealed that she could not locate documentation regarding where the check was sent or if it was ever sent as there was not a copy of the cancelled check. She indicated it had not been cashed and would be reissued and sent to the Clerk of the Court as required. The RBOM also stated that resident personal funds should be conveyed within 30 days of the resident 's death.</p> <p>2a. Resident #169 expired on 3/14/17. A review of Resident #169's Resident Fund Statement for the period of 1/3/17 through 3/15/17 revealed a cash balance of \$390.09 on 3/14/17. An account entry dated 3/15/17 revealed the account was closed with a debit amount of \$390.09 and an ending balance of \$0.00.</p> <p>Review of a copy of a signed facility check dated 4/26/17 revealed it was made out to the estate of Resident #169, in the amount of \$390.09.</p> <p>Interview with the Business Office Manager (BOM) on 8/3/17 at 11:00 AM revealed that she had recently taken over the BOM role and did not know why the funds were not conveyed within 30 days as required.</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 160	<p>Continued From Page 1</p> <p>Interview with the Regional Business Office Manager on 8/3/17 at 11:215 AM that she expected resident personal funds to be conveyed within 30 days of the resident ' s death as required.</p> <p>2b. Resident #169 expired on 3/14/17. A review of Resident #169's Resident Fund Statement for the period of 1/3/17 through 3/15/17 revealed a cash balance of \$390.09 on 3/14/17. An account entry dated 3/15/17 revealed the account was closed with a debit amount of \$390.09 and an ending balance of \$0.00.</p> <p>Review of a letter to the facility from a legal firm regarding Resident #169, dated 3/28/17, revealed "please remit any overage in her social security account to (name of Lawyer #1), who has underwritten the funeral expenses."</p> <p>Review of a letter from the facility Business Office (undated) to the legal firm revealed "please find attached a check to represent the closing of (name of Resident #169) RFMS (Resident Fund Management Service) account with (name of facility) in the amount of \$390.09.</p> <p>Review of a copy of a signed facility check dated 4/26/17 revealed it was made out to the estate of Resident #169, in the amount of \$390.09. A copy of the cancelled check indicated it was deposited to the estate of Resident #169 by Lawyer #1 on 6/8/17.</p> <p>Interview with the Regional Business Office Manager on 8/3/17 at 2:00 PM revealed she was unable to locate documentation indicating Lawyer #1 was the authorized representative to receive Resident #169 ' s personal funds. She stated that Lawyer #1 was the resident ' s financial Power of Attorney but acknowledged that without documentation indicating Lawyer #1 was authorized to receive the funds they should have been conveyed to the Clerk of the Court within 30 days of the resident ' s death.</p>
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