

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345281</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: <b>6/30/2016</b>
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NAME OF PROVIDER OR SUPPLIER  <b>STANLY MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 BETHANY CHURCH ROAD BOX 38 ALBEMARLE, NC</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>F 160</b>	<p><b>483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH</b></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 personal funds account balance to a resident 's estate for 1 of 3 resident 's (Resident #101). The findings included: Review of the medical record revealed Resident #101 expired 5/15/16. A copy of a check dated June 2, 2016 for \$2,00 revealed it was from Resident #101 's personal funds account at the facility and that it indicated the \$24.00 was payable to the facility. Interview with the Business Office Manager (BMO) on 6/30/16 at 9:38 AM revealed that after Resident #101 expired the BOM had a conversation with the resident 's Responsible Party (RP) regarding the personal funds account. According to the BMO the RP came to the facility on 6/2/16 and wanted the balance of the Resident 's personal funds account (24 dollars) to be transferred to the facility to pay off a portion of Resident # 101 's outstanding bill at the facility. The BMO stated that if a resident 's family asked to have personal funds account money paid to the facility for outstanding bills then that was what she did. Otherwise she said the remaining personal funds were conveyed to the Clerk of Court to the resident 's estate. She added that she did not know the funds had to be conveyed to the clerk of court.</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