

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155525	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/19/2015
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NAME OF PROVIDER OR SUPPLIER  SHADY NOOK CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 36 VALLEY DR LAWRENCEBURG, IN 47025
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F 000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00166990.</p> <p>Complaint IN00166990 - Substantiated. Federal/state deficiencies related to the allegations are cited at F159.</p> <p>Survey dates: March 17 and 19, 2015</p> <p>Facility number: 000304 Provider number: 155525 AIM number: 100166990</p> <p>Survey team: Jennifer Carr, RN - TC</p> <p>Census bed type: SNF/NF: 74 Total: 74</p> <p>Census payor type: Medicare: 15 Medicaid: 51 Other: 8 Total: 74</p> <p>Sample: 3</p> <p>This deficiency also reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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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F 159 SS=B Bldg. 00	<p>Quality review completed on March 25, 2015, by Brenda Buroker, RN.</p> <p>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.</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>			

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	<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>Based on record review and interview, the facility failed to appropriately manage the personal funds of a discharged resident for one of three residents reviewed for resident funds (Resident B).</p> <p>Findings include:</p> <p>Resident B's record was reviewed on 3/17/2015 at 1:50 p.m. The quarterly Minimum Data Set (MDS) assessment, dated 11/3/2014, indicated a Brief Interview for Mental Status (BIMS) of 14; indicating he was cognitively intact. He did not have a Power of Attorney.</p> <p>Physician's Orders, dated 1/11/2015, indicated Resident B was transferred to</p>	F 159	<p>For the single resident affected by this deficiency a letter along with a final accounting of his funds, a statement for the facility balance, and a check was sent certified to the said resident. (See attachment 1.)</p> <p>The original Personal Funds Policy &amp; Procedure, Representative Payee Policy, and Resident Discharge/Expired Policy &amp; Procedure has been expanded to cover residents who receives assistance from the facility to handle their</p>	04/02/2015

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	<p>the hospital.</p> <p>During an interview on 3/17/2015 at 11:29 a.m., Resident B's family member indicated the resident had been discharged in January and the facility had not released his Social Security funds.</p> <p>A copy of Resident B's Trust - Transaction History, dated 10/1/2014 - 3/17/2015, was provided by the Bookkeeping Manager on 3/17/2015 at 2:34 p.m. The Transaction History indicated Resident B had a Closing Balance Total of \$1545.00.</p> <p>A copy of a typed letter addressed to Social Security Administration, dated 10/17/2014 and signed by Resident B, was provided by the Bookkeeping Manager on 3/17/2015 at 2:34 p.m. The letter indicated, "Please discontinue my direct deposit and send my check to me at the above address [facility address]." The Social Security response, attached, indicated he began receiving Social Security checks at the facility in December, 2014.</p> <p>A copy of a typed letter, dated 12/5/2014 and signed by Resident B, was provided by the Bookkeeping Manager on 3/17/2015 at 2:34 p.m. The letter indicated, "I instruct [facility] to apply</p>		<p>personal funds. The Resident Funds Policy &amp; Procedure Manual has also been updated.</p> <p>The procedure to carry this out is completed on a tracking form and verbiage has also been added to make sure that a final accounting will be made to the resident and/or responsible party within 30 days of the final discharge, along with and not limited to, a letter notifying SSA when a resident is no longer in the facility. (Please see attachment 2, all completed by 4/2/2015.)</p> <p>The Director of QAPI and HFA will monitor the end of month Resident Trust balance sheets for the next 6 months to assure the process is completed. If this goal is not met, we will continue to monitor until the goal is met</p>	

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	<p>my monthly Social Security check to my bill at [facility]."</p> <p>A copy of the current Personal Funds Request - Signature Form and Policy was provided by the DON on 3/17/2015 at 1:38 p.m. The policy included, but was not limited to, "...the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility...." The policy did not include any information regarding discharged residents.</p> <p>The Resident Trust Manager was interviewed on 3/17/2015 at 2:40 p.m. She indicated she was not aware Resident B had been discharged from the facility until "sometime in February" and did not have any record of his discharge date.</p> <p>The Administrator provided a copy of the current Procedure When Resident Expires/Discharged Policy and Procedure on 3/19/2015 at 12:15 p.m. The checklist procedure included, but was not limited to, "1. Notify FSSA [Family and Social Services Administration]...2. Notify SSA [Social Security Administration]. Confirm date of last check due resident...9. After all bills payed - run trust ledger...11. Send letter to responsible party informing of final accounting of funds...."</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/07/2015

FORM APPROVED

OMB NO. 0938-0391

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	This Federal tag relates to the Investigation of Complaint IN00166990.  3.1-6(b)				