

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155693	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/29/2013
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NAME OF PROVIDER OR SUPPLIER SILVER OAKS HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 2011 CHAPA DR COLUMBUS, IN 47203
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F000000	<p>This visit was for the Investigation of Complaint IN00127879.</p> <p>Complaint IN00127879 - Substantiated. Federal/state deficiencies related to the allegations are cited at F160.</p> <p>Survey date: July 29, 2013</p> <p>Facility number: 002955 Provider number: 155693 AIM number: 200346570</p> <p>Survey team: Diana Sidell RN, TC Joan Laux RN</p> <p>Census bed type: SNF: 46 SNF/NF: 28 Residential: 35 Total: 109</p> <p>Census payor type: Medicare: 28 Medicaid: 17 Other: 64 Total: 109</p> <p>Sample: 5</p> <p>Silver Oaks Health Campus was</p>	F000000	Completed by 8/14/13	
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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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	<p>found to be in substantial compliance with 42 CFR Part 483 Subpart B in regard to the Investigation of Complaint IN00127879. This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 8/03/13 by Suzanne Williams, RN</p>			

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F000160 SS=A	<p>483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH 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. Based on record review and interview, the facility failed to convey one resident's personal funds to the family after the resident's death. This affected 1 of 3 residents reviewed for personal funds in 5 sampled. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's record was reviewed on 7/29/13 at 1:50 p.m. The record indicated Resident #B was admitted with diagnoses that included, but were not limited to, high blood pressure, anemia, gastro-intestinal bleeding, depression, and arthritis.</p> <p>The record indicated Resident #B was admitted on 4/2/2012, and discharged on 4/10/13 to another facility.</p> <p>During an interview, on 7/29/13 at 12:21 p.m., a family member indicated Resident #B had deceased at the other facility on April 16, 2013.</p>	F000160	<p>1) The refund was completed on date of survey to family.2) A review was conducted on all residents with funds on deposit to assure no resident funds were being held past the discharge refund date.3) The Business Office will develop a list of all residents discharged each month and submit proof of refunding RTF money to said residents to the HFA.4) Administrator will review the Business Office list monthly to assure compliance. In addition, the QA committee will review monthly for 12 months to assure continued compliance.Completed 8/5/13</p>	08/14/2013	

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	<p>Review of the resident's funds, on 7/29/13 at 4:00 p.m., indicated the resident's funds had not been released to the family, and the resident still had a balance in her personal funds account.</p> <p>During an interview, on 7/29/13 at 3:54 p.m., the Business Office Manager indicated confirmed the funds had not been released to the family, and she did not know why, and "any of the funds are requested from the home office, then released."</p> <p>A policy for "Refunds" was provided by the Director of Health Services on 7/29/13 at 4:35 p.m. The policy indicated, but was not limited to, "Policy statement: Any monies on deposit with the facility shall be refunded upon the request or the death of the resident...2. Within thirty (30) days of the death of a resident, the resident's personal funds and a final accounting of those funds will be made available to the resident's representative or to the probate administering the resident's estate...."</p> <p>This Federal tag relates to Complaint IN00127879.</p> <p>3.1-6(h)</p>						

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