STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	155152		08/24/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTICELLO HEALTHCARE	1120 N MAIN ST MONTICELLO, IN 47960

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00207564. Complaint IN00207564 - Substantiated. Federal/State deficiencies related to the allegations are cited at F160. Survey date: August 24, 2016 Facility number: 000072 Provider number: 155152 AIM number: 100287440 Census bed type: SNF: 09 SNF/NF: 86 Total: 95 Census Payor type: Medicare: 14 Medicaid: 54 Other: 27 Total: 95 Sample: 3 This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed by 32883 on	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155152	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 08/24/2016
NAME OF PROVIDER OR SUPPLIER MONTICELLO HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1120 N MAIN ST MONTICELLO, IN 47960	

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	8/25/16.			
F 0160 SS=D Bldg. 00	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 ensure a resident's personal funds account balance was conveyed to the resident's estate in a timely manner after the death of the resident, for 1 of 3 discharged residents' personal funds reviewed in a total sample of 3. (Resident #C) Finding includes: Resident #C's record was reviewed on 08/24/16 at 11:30 a.m. The resident's diagnoses included, but were not limited to congestive heart failure and hypertension. A Discharge Minimum Data Set	F 0160	What corrective action(s) will beaccomplished for those residents found to have been affected by the deficientpractice? Resident #C's remaining balanceon accounts was returned on 8/29/16/ How other residents having thepotential to be affected by the same deficient practice will be identified andwhat corrective action(s) will be taken? All residents who maintain fundswith the facility have the potential to be affected by alleged deficientpractice. Discharged resident's accounts have been reviewed to ensure return offunds. Discharge resident Fund tracking tool will be implemented. What measures will be put intoplace or what systemic changes will be made to ensure that the	08/30/2016

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	assessment, dated 05/28/16, indicated the resident was discharged due to death in the facility. A resident fund report indicated the resident had a balance in the account at the time of death. During an interview on 08/24/16 at 10:45 a.m., the Business Office Manager indicated the facility was still waiting for the refund check from the, "Home Office". She indicated the check had been approved but had not yet been delivered to the facility. The Business Manager indicated the facility had 45 days after all third party balances had been paid to refund the money. During an interview on 08/24/16 at 11:45 a.m., the Business Office Manager indicated the last adjustment to the resident's account was July 7, 2016. The Business Manager indicated the request for the refund check was 08/17/16 and the 45th day would have been 08/21/16. The facility Admission Packet, received as current from the Director of Nursing (DON) on 08/24/16 at 10 a.m., indicated, "...Any refund due from the facility will be issued within forty-five (45) days after all the accounts are paid in full, including payments on accounts by third party		deficientpractice does not recur? Business Office Manager was reinservicedon the policy for returning resident funds upon discharge on 8/29/16. A Discharged Resident Fund tracking tool willbe put in place to ensure funds are returned. How the corrective action(s) willbe monitored to ensure the deficient practice will not recur, i.e., whatquality assurance program will be put into place? A QA tool “Resident Funds” hasbeen developed and will be utilized by the Business Office Manager and/ordesignee to monitor compliance. QA audits will be completed weekly X4 weeks, monthlyX2 months, and quarterly for 2 quarters. The results of the audit tool will bereviewed for compliance. If threshold of 95% is not achieved an action planwill be developed to achieve desired threshold.	

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	payers..." The Resident Trust Authorization policy, dated 03/2016, and received from the DON as current, indicated, "...Upon the death of a resident, the facility will make a final accounting of the personal fund(s) in both interest bearing and petty cash accounts. This final accounting is conveyed within 30 days to the individual or probate jurisdiction administering the resident's estate as provided by the State laws..." A facility policy, dated 07/2015, titled, "Request for Resident Refunds", received from the Business office Manager as current, indicated, "...Per Admission Agreement, any private refund needs to be issued 45 days after all 3rd party balances have been paid." This Federal Tag relates to complaint IN00207564. 3.1-6(h)			