No deficiencies were cited as a result of the complaint investigation survey of 7/9/15. Event ID# ZIO511.

8/31/15 IDR panel deleted F 241

F 159

SS=B

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.

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.)

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.

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.

The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**

DURHAM NURSING & REHABILITATION CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**

411 S LASALLE STREET
DURHAM, NC 27705

<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>(X5) COMPLETION DATE</th>
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<tr>
<td>F 159</td>
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The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.

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.

This REQUIREMENT is not met as evidenced by:

Based on policy review, record review and staff interview, the facility failed to notify 10 of 72 sampled residents (Resident #19, #15, #8, #42, #93 #40, #22, #35, #72 and #45) and/or the representative of resident funds exceeding the supplemental security income (SSI) resource limit.

The findings included:

Review of the Quarterly Accounting of Resident Funds dated December 2008; read in part: under #3 statements of residents who are eligible for SSI (supplemental security income) or medical assistance will also reflect the difference between the ending balance and the applicable eligibility level.

1. Resident #19 was admitted to the facility on 8/25/11. Review of the trust fund account was conducted on 7/25/15 at 1:47 PM. The trust
F 159 Continued From page 2

account revealed a balance of $3213.63. There was no documentation presented to indicate that Resident #19 and/or the representative had been notified the account balance had exceeded the Medicaid resource limit.

During an interview on 7/9/15 at 11:16 AM, the receptionist indicated that she managed the money and dispersed the funds to the residents. She was not aware of any limits on the amount allowed for a Medicaid resident or which residents were Medicaid. The business office manager (BOM) handled the accounts. The BOM was not available for interview.

During an interview on 7/9/15 at 12:09 PM, the social worker (SW) indicated she assisted residents and purchased items they requested and returned with the receipt. She wasn’t involved with the management of resident funds.

During an interview on 7/9/15 at 2:13 PM, the administrator indicated the policy would be updated to include sending the statements by certified mail and notifying the resident/representative they were at the threshold to exceed the limits of the Medicaid allowance. The resident would be assisted in spending their monies to prevent exceeding the Medicaid allowance.

2. Resident #5 was admitted to the facility on 9-28-11 and readmitted on 5-7-15. Review of the trust fund account was conducted on 7-9-15 at 1:47 PM. The trust account revealed a balance of $2149.45. There was no documentation presented to indicate that Resident #5 and/or the representative had been notified the account balance had exceeded the Medicaid resource.

F 159

Administrator reviewed all accounts and any resident with a balance of $1600.00 or greater, the resident and/or representative was notified with written documentation. The Business Office Manager mailed a letter certified to the representative. If the representative party/resident does not respond to the certified letter by 7/31/15, the staff at the Center will purchase items that benefit the resident and keep receipts in the business office file.

3. Measures/Systemic changes to ensure deficient practice will not occur. The Business Office Manager will review all accounts every month during month end close process. Written notification to any resident/representative via Certified Mail and with their monthly Trust statement advising them of balance reaching SSI threshold limit to contact the business office. To assure a check and balance, the Business Office Manager will review this process monthly for 4 months and quarterly thereafter and report findings to Administrator.

4. To monitor performance and efficacy, the monthly results will be reported during the Quality Assurance meeting for 4 months and then as needed if identified as recurrent issue.
### SUMMARY STATEMENT OF DEFICIENCIES

- **F 159 Continued From page 3**

During an interview on 7/9/15 at 11:16 AM, the receptionist indicated that she managed the money and dispersed the funds to the residents. She was not aware of any limits on the amount allowed for a Medicaid resident or which residents were Medicaid. The business office manager (BOM) handled the accounts. The BOM was not available for interview.

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3. Resident #8 was admitted to the facility on facility on 4-1-14 and readmitted on 6-15-15. Review of the trust fund account was conducted on 7/9/15 at 9:47 AM. The trust account revealed a balance of $3685.47. There was no documentation presented to indicate that Resident#8 and/or the representative had been notified the account balance had exceeded the Medicaid resource limit.

During an interview on 7/9/15 at 11:16 AM, the

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**Event ID:** ZIO511

**Facility ID:** 923264

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**If continuation sheet Page 4 of 15**
### F 159

Continued From page 4

receptionist indicated that she managed the money and dispersed the funds to the residents. She was not aware of any limits on the amount allowed for a Medicaid resident or which residents were Medicaid. The business office manager (BOM) handled the accounts. The BOM was not available for interview.

During an interview on 7/9/15 at 12:09 PM, the social worker (SW) indicated she assisted residents and purchased items they requested and returned with the receipt. She wasn’t involved with the management of resident funds.

During an interview on 7/9/15 at 2:13 PM, the administrator indicated the policy would be updated to include sending the statements by certified mail and notifying the resident/representative they were at the threshold to exceed the limits of the Medicaid allowance. The resident would be assisted in spending their monies to prevent exceeding the Medicaid allowance.

4. Resident #42 was admitted to the facility on 9/11/07 and readmitted on 7/5/12. Review of the trust fund account was conducted on 9/25/14 at 9:44 AM. The trust account revealed a balance of $2830.08. There was no documentation presented to indicate that Resident #42 and/or the representative had been notified the account balance had exceeded the Medicaid resource limit.

During an interview on 7/9/15 at 11:16 AM, the receptionist indicated that she managed the...
Continued From page 5

money and dispersed the funds to the residents. She was not aware of any limits on the amount allowed for a Medicaid resident or which residents were Medicaid. The business office manager (BOM) handled the accounts. The BOM was not available for interview.

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5. Resident #93 was admitted to the facility on 7/25/13. Review of the trust fund account was conducted on 7/9/15 at 9:47 AM. The trust account revealed a balance of $3974.28. There was no documentation presented to indicate that Resident #93 and/or the representative had been notified the account balance had exceeded the Medicaid resource limit.

During an interview on 7/9/15 at 11:16 AM, the receptionist indicated that she managed the money and dispersed the funds to the residents.
She was not aware of any limits on the amount allowed for a Medicaid resident or which residents were Medicaid. The business office manager (BOM) handled the accounts. The BOM was not available for interview.

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6. Resident #40 was admitted to the facility on facility on 11/6/07 and readmitted on 6/16/15. Review of the trust fund account was conducted on 7/9/15 at 9:47 AM. The trust account revealed a balance of $2001.00. There was no documentation presented to indicate that Resident #93 and/or the representative had been notified the account balance had exceeded the Medicaid resource limit.

During an interview on 7/9/15 at 11:16 AM, the receptionist indicated that she managed the money and dispersed the funds to the residents. She was not aware of any limits on the amount allowed for a Medicaid resident or which residents were Medicaid. The business office
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<td>F 159</td>
<td>Continued From page 7</td>
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<td>7.</td>
<td>Resident #22 was admitted to the facility on facility on 10/14/08 and readmitted on 4/17/15. Review of the trust fund account was conducted on 7/9/15 at 9:47 AM. The trust account revealed a balance of 2656.42 . There was no documentation presented to indicate that Resident#22 and/or the representative had been notified the account balance had exceeded the Medicaid resource limit.</td>
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**NAME OF PROVIDER OR SUPPLIER**

DURHAM NURSING & REHABILITATION CENTER

**STREET ADDRESS, CITY, STATE, ZIP CODE**

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<td>allowed for a Medicaid resident or which residents were Medicaid. The business office manager (BOM) handled the accounts. The BOM was not available for interview.</td>
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<td>8. Resident #35 was admitted to the facility on 3/12/07 and readmitted on 4/7/15. Review of the trust fund account was conducted on 7/9/15 at 9:47 AM. The trust account revealed a balance of $9829.02. There was no documentation presented to indicate that Resident#35 and/or the representative had been notified the account balance had exceeded the Medicaid resource limit.</td>
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F 159 Continued From page 9

was not available for interview.

During an interview on 7/9/15 at 12:09 PM, the social worker (SW) indicated that she did not have direct contact with the notification process of informing the resident and/or representative of the residents account balances approaching or exceeding the resource limits. She assisted residents and purchased items they requested and returned with the receipt.

During an interview on 7/9/15 at 2:13 PM, the administrator indicated the policy would be updated to include sending the statements by certified mail and notifying the resident/representative they were at the threshold to exceed the limits of the Medicaid allowance. The resident would be assisted in spending their monies to prevent exceeding the Medicaid allowance.

9. Resident #72 was admitted to the facility on 8/24/11 and readmitted on 11/14/11. Review of the trust fund account was conducted on 7/9/15 at 9:47 AM. The trust account revealed a balance of $3508.24. There was no documentation presented to indicate that Resident #72 and/or the representative had been notified the account balance had exceeded the Medicaid resource limit.

During an interview on 7/9/15 at 11:16 AM, the receptionist indicated that she managed the money and dispersed the funds to the residents. She was not aware of any limits on the amount allowed for a Medicaid resident or which...
### F 159

Residents were Medicaid. The business office manager (BOM) handled the accounts. The BOM was not available for interview.

During an interview on 7/9/15 at 12:09 PM, the social worker (SW) indicated she assisted residents and purchased items they requested and returned with the receipt. She wasn’t involved with the management of resident funds.

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10. Resident #45 was admitted to the facility on 4/30/09 and readmitted on 5/11/15. Review of the trust fund account was conducted on 7/9/15 at 9:47 AM. The trust account revealed a balance of $2158.37. There was no documentation presented to indicate that Resident#40 and/or the representative had been notified the account balance had exceeded the Medicaid resource limit.

During an interview on 7/9/15 at 11:16 AM, the receptionist indicated that she managed the money and dispersed the funds to the residents. She was not aware of any limits on the amount allowed for a Medicaid resident or which residents were Medicaid. The business office manager (BOM) handled the accounts. The BOM
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<tr>
<td>F 159</td>
<td>Continued From page 11 was not available for interview.</td>
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<tr>
<td>F 371</td>
<td>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</td>
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<td>SS=D</td>
<td>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</td>
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<td>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and record review, the facility failed to maintain sanitary conditions in the kitchen by 1) ensuring that 1 of 1 walk in refrigerator was clean 2)</td>
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<td>1. No resident named in this citation. Corrective action for those affected. Any resident may be affected therefore;</td>
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<td>F 371</td>
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<td>Continued From page 12 remove the scoop, dried foods and liquids from the dry storage containers 3) clean the dried food debris from 6 clear preparation containers, 4) remove the grease and food from 12 serving table lids 5) separate dented cans from ready to use food items 5) failed to air dry 2 wet serving pans in 1 of 1 dry storage areas and 7) Clean and remove the food debris and grease from hot plate cart.</td>
<td>F 371</td>
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### SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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<td>F 371</td>
<td>Continued From page 13</td>
<td>inside and outside on a dry storage cart.</td>
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During an interview on 7/6/15, the DM confirmed the dried food on the inside and outside of the containers and indicated that the containers should have been thoroughly checked before they were placed on the dry storage cart.

4. During an observation on 7/6/15 at 10:00AM, there was 12 serving table lids stored on the dry storage rack that had large volumes of grease and food build up on the lid surfaces and edges.

During an interview on 7/6/15 at 10:00AM, the DM confirmed the grease and food build up on the lids. He indicated that the lids should be cleaned and thoroughly checked before they were placed on the dry storage rack.

5. During an observation on 7/6/15 at 10:00AM, there was 6 dented cans stored in the dry storage room. The cans included (2) stewed tomatoes, (2) green beans and (2) peaches.

During an interview on 7/6/15 at 10:00AM, the DM indicated that he was responsible for checking for dented cans prior to storage. He added the cans should be returned to vendor when found dented.

6. During an observation on 7/6/15 at 10:00AM, there was 2 silver pans that were stacked wet on the dry storage rack.

During an interview on 7/6/15 at 10:00AM, the DM indicated that all kitchen equipment should not be stacked on top another and should air dry.

7. During a follow-up kitchen observation on
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<tr>
<td>8/8/15 at 11:30AM, the plate warmer had dry liquids inside the warmer.</td>
<td>F 371</td>
<td></td>
<td>During an interview on 8/8/15 at 11:30AM, the DM indicated the plate warmer should be cleaned daily prior to usage of every meal. The warmer should be deep cleaned weekly.</td>
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