DEPARTMENT OF HEALTH AND HUMAN SERVICES

OR MEDICARE & MEDICAID SERVICES			"A" FOR
F ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY
H ONLY A POTENTIAL FOR MINIMAL HARM		A. BUILDING:	COMPLETE:
NFs	345429	B. WING	8/28/2015
VIDER OR SUPPLIER	STREET ADDRESS, CI	ITY, STATE, ZIP CODE	
DURCES - PINELAKE	801 PINEHURST AVENUE CARTHAGE, NC		
SUMMARY STATEMENT OF DEFICIEN	NCIES		
483.10(c)(6) CONVEYANCE OF PERS	SONAL FUNDS UPON	DEATH	
Based on financial document review and	d staff interviews the faci		
Resident #19 expired on 5/22/15. On 6/ #19's account and paid to the facility.	12/15, a check for \$10.00	was deducted from Resident	
Resident #19's account because it was h of money Resident #19 owed the facility expired, no other money could be withd	er PML (Patient Monthly y. She further revealed th rawn from the resident's	Liability. She stated it was the last little at she was not aware that after a resident	
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	 483.10(c)(6) CONVEYANCE OF PERS Upon the death of a resident with a pers 30 days the resident's funds, and a final administering the resident's estate. This REQUIREMENT is not met as ev Based on financial document review and expired resident's funds (Resident #19) accounts reviewed. Resident #19 expired on 5/22/15. On 6/ #19's account and paid to the facility. During an interview on 8/28/2015 at 11. Resident #19's account because it was h of money Resident #19 owed the facility expired, no other money could be withd Clerk of Court or Executor of the estate 	FISOLATED DEFICIENCIES WHICH CAUSE PROVIDER # H ONLY A POTENTIAL FOR MINIMAL HARM 345429 STREET ADDRESS, CL STREET ADDRESS, CL WIDER OR SUPPLIER STREET ADDRESS, CL DURCES - PINELAKE STREET ADDRESS, CL SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES 483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON Upon the death of a resident with a personal fund deposited with 30 days the resident's funds, and a final accounting of those fund administering the resident's estate. This REQUIREMENT is not met as evidenced by: Based on financial document review and staff interviews the faci expired resident's funds (Resident #19) to the Clerk of Court with accounts reviewed. Resident #19 expired on 5/22/15. On 6/12/15, a check for \$10.00 #19's account and paid to the facility. During an interview on 8/28/2015 at 11:02 AM the Business Ma Resident #19's account because it was her PML (Patient Monthly of money Resident #19 owed the facility. She further revealed th expired, no other money could be withdrawn from the resident's Clerk of Court or Executor of the estate. During an interview on 8/28/2015 at 11:59 AM, the Administrated	FISOLATED DEFICIENCIES WHICH CAUSE PROVIDER # MULTIPLE CONSTRUCTION A BUILDING:

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