

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345092	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 7/30/2015
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NAME OF PROVIDER OR SUPPLIER WINSTON SALEM NURSING & REHABILITATION C	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 W 1ST STREET WINSTON-SALEM, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 160	<p>483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of facility documents and interviews, the facility failed to forward an expired resident's funds to the Clerk of Court for 1 of 5 expired resident fund accounts reviewed. (Resident #218).</p> <p>Resident #218 expired on 6/10/15. On 6/11/15, \$873.00 was debited from Resident #218 's personal funds account toward a payment to the facility, instead of sending the money to the Clerk of Court.</p> <p>During an interview on 7/30/15 at 9:34 AM, the facility Business Office Manager revealed that Resident #218 had past due balances and she kept the resident's money for payment to the facility. She stated she did not know that the money was supposed to be sent to the Clerk of Court. The Business Office Manager checked the billing to determine whether or not the payment was made on the day Resident #218 expired, however she determined the payment to the facility was made on 6/11/15.</p> <p>During an interview on 7/30/15 at 1:46 PM, the Administrator stated her expectation would be that the Business Office Manager followed facility policy.</p>
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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

The above isolated deficiencies pose no actual harm to the residents