

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345534</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>10/8/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SANFORD HEALTH &amp; REHABILITATION CO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2702 FARRELL ROAD SANFORD, NC</b>
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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<b>F 160</b>	<p><b>483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH</b></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 resident trust funds, medical record review and staff interview the facility failed to convey monies within 30 days of expiration for 1 of 1 sampled residents. (Resident #14).</p> <p>The findings are:</p> <p>On 10/7/2015 at 2:40 PM an interview was conducted with the interim Business Office Manager regarding conveyance of the resident trust fund balance after Resident # 14 expired on 6/25/2015. The following concern was identified through review of Resident # 14 record review:</p> <p>Review of the medical record revealed Resident #14 expired on 6/25/2015. Review of the resident trust account for Resident #14 noted a balance of \$737.00 in the account on 7/6/2015. The interim Business Office Manager presented a copy of a check for the remaining balance in the trust account of Resident #14 that was conveyed on 9/30/2015. The interim Business Office Manager stated the Business Office Manager who was responsible for conveyance of the resident ' s funds in June 6/25/2015 was on sick leave. The interim Business Office Manager further stated she had just recently been trained on conveyance of funds and was aware monies should be conveyed within 30 days of the resident expiration.</p> <p>On 10/12/15 at 11:30 am, the Administrator was interviewed. He reported the Business Office Manager was on sick leave and that caused the delay in conveying Resident # 14 ' s funds within 30 days. He also added the interim Business Office Manager wrote a check to the estate of Resident # 14 on 9/30/2015.</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