STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345353	A. BUILDING _____ B. WING _____	C 06/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND HOUSE REHABILITATION AND HEALTHCARE	1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301

(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 159 SS=C	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. 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	F 159		7/8/16

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

Electronically Signed | 06/24/2016

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 correction is requisite to continued program participation.

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F 159	Continued From page 1 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 record review, resident interview, family interviews, and staff interviews the facility failed to provide quarterly accounting statements for two (Residents # 1 and # 5) of three sampled residents, whose trust funds were reviewed. The findings included: 1. Record review revealed Resident # 1 had resided in the facility for ten months. Record review revealed the resident ' s initial admission date was listed as 8/12/15 and she was totally dependent on staff for physical needs due to a spinal cord injury. Review of the resident ' s last MDS (Minimum Data Set) assessment, dated 4/4/16, revealed the resident had a BIMS (Brief Interview for Mental Status) score of 15 on a scale of 1-15; indicating the resident was cognitively intact The resident was initially interviewed on 6/14/16 at 9:50 AM and voiced concerns related to her financial account. The resident stated she had resided at another facility prior to residing at the current facility and when she was newly admitted to her present facility, her social security check had been lost for several months in the transition. The resident stated there had been no resolution and she did not have money for things for which she would like to use the money. Interview with a staff member in the business office on 6/14/16 at 4:30 PM revealed there had	F 159	Disclaimer Highland House Rehabilitation & Healthcare submits this Plan of Correction (PoC) in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited. The Provider submits this PoC with the intention that it be inadmissible by any third party in any civil or criminal action against the Provider or any employee, agent, officer, director, or shareholder of the Provider. The Provider hereby reserves the right to challenge the findings of this survey if at any time the Provider determines that the disputed findings: (1) are relied upon to adversely influence or serve as a basis, in any way, for the selection and/or imposition of future remedies, or for any increase in future remedies, whether such remedies are imposed by the Centers for Medicare and Medicaid Services (CMS), the State of North Carolina or any other entity; or (2) serve, in any way, to facilitate or promote action by any third party against the Provider. Any changes to Provider policy or procedures should be considered to be subsequent remedial measures as that	

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F 159	Continued From page 2 been a problem with the resident ' s social security check and the resident still had a financial liability to the facility. The staff member stated they had been working on resolution with the resident. The resident was interviewed again on 6/14/16 at 6:05 PM. The resident was asked if she received quarterly trust account statements from the facility and stated she did not do so. The resident stated she was given only withdrawal receipts if she withdrew any money. The resident stated she had been told by the facility that her balance was zero and that she had no money. The resident stated she stored financial papers the facility gave her in her pocketbook. The resident, who was observed to have physical impairment of her hands and arms, called a staff member into the room and asked that she search through her wallet for the financial records she had been given. The staff member was observed to only find receipts in the resident ' s purse. The resident again stated that was all she had received, and she did not receive any statements. A review of the resident ' s trust account records revealed the following. A transaction history account for 8/1/16 until 6/14/16 revealed the resident had a closing account balance of $1,242.95 for the date of 6/14/16. The resident ' s last quarterly statement was dated 3/31/16 and showed a closing balance of $570.92. The quarterly statement had a family member ' s address on the top of it. During the survey a staff member, at the facility where the resident previously resided, was contacted on 6/16/16 at 4:15 PM. During the interview the following was clarified: they had received two months of the resident ' s social security checks in 2015 after the resident no longer resided there and their refunds to social	F 159	concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceeding on that basis. The Provider has not had any remedies imposed against it as a result of the alleged deficiencies. Without such remedies, the Provider will not be granted an appeal before the U.S. Department of Health and Human Services Departmental Appeals Board to challenge the alleged deficiency cited in the HCFA-2567. Initially the Provider may exercise its limited rights to challenge the deficiency under the North Carolina Informal Dispute Resolution (IDR) process. **Per instructions from Resident #1□s and #5□s legal representatives, Resident #1□s and #5□s personal funds statements were being mailed quarterly to their respective legal representative with the facility□s financial statements. Personal funds statements for Resident #1 and #5 had not been returned by the US Postal Service (USPS) for inability to deliver. Addresses were verified for accuracy on 06/17/16. F159 Upon written authorization of a resident or his or her legal representative, the facility holds, safeguards, manages and accounts for the personal funds of the resident deposited with the facility, as specified in 483.10(c), specifically concerning individual financial records being available through quarterly statements and/or more frequently if requested by the resident or his or her	

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F 159	Continued From page 3	F 159		

security were reportedly lost; they had stopped payment on the lost refund checks during the present week after again being contacted by the facility ' s present facility; once the social security department received the new refund checks the resident would then receive her money into her account at her current facility.
Interview with the staff member in the business office at the resident ' s current facility again on 6/16/16 at 4:32 PM revealed the resident still had a financial liability to the facility that had not been withdrawn from her account yet, and therefore that is why the resident had been told she had no money. The business office staff member indicated the verification of the amount of missing social security money to be recovered was needed. The business office staff member stated during the current week of the survey, she had again contacted the facility where the resident had previously resided in an effort to resolve her 2015 missing social security funds. The business office manager was asked about the resident ' s quarterly statements and stated they were mailed to her family member because that was how it had been set up in the system.
Resident # 1 ' s family member was interviewed via phone on 6/16/16 at 3:55 PM and stated she had not received any quarterly trust account statements for Resident # 1 nor other financial information about the resident.
2. Resident # 5 was admitted to the facility on 4/21/12. Review of the resident ' s most recent MDS (Minimum Data Set) assessment, dated 6/3/16, revealed the resident was cognitively impaired. Interview with a staff member on 6/14/16 at 12:40 PM revealed the resident ' s responsible party visited often.
Resident # 5 ' s responsible party was interviewed on 6/15/16 at 9:30 AM via phone. The legal representative. The facility has policies and procedures designed to maintain these objectives. Monitoring, staff training, resident counsel inquiries and consultant reviews are examples of the various Quality Assurance components utilized.

Corrective Action- Identified Resident(s):
" Resident #1 and #5 will be provided a copy of their personal funds statement by 6/16/16 by the business office clerk responsible for Resident Trust Accounts.
" Quarterly statements will be provided to Resident #1 and #5 and a receipt signature obtained in addition to continuing to mail statements to their legal representative.

Corrective Action- Potential Others:
" All cognitive residents with a personal funds account were interviewed by either the A/R Assistant, A/R Clerk, and Social Worker to ensure receipt/awareness of personal funds statements. No additional residents had questions or requested another copy of their statement.
" A letter will be sent with the July financial statements to residents, with a personal funds account, and their legal representatives reminding them of quarterly personal funds statements, how to notify facility of any change in address, who to contact regarding questions or how to obtain duplicate copies if needed.

Measures/Systems:
" The Personal Funds Authorization Form was modified to better clarify

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F 159	Continued From page 4 responsible party stated he did not receive quarterly trust account statements for the resident.	F 159	resident□s desired delivery method and instruct how to notify facility when a change occurs. " A log will be maintained to reflect personal funds statement mailings, date mailed and who mailed. " Procedure has been modified to obtain cognitive resident signatures when their quarterly statement is provided. Signature will be scanned into the Electronic Health Record (EHR) system. " Copies will continue to be mailed to the legal representative. Legal representative will be contacted for new address if any statements are returned by the USPS. " The Administrator will attend the July Resident Council meeting to discuss any personal funds account concerns and to address with residents the revised procedure(s). Monitor: " The Business Office Manager will review the resident signature sheets in July and October to monitor revised system is achieving desired goal. " Office staff will interview at least 10% of the legal representatives, of residents with a personal funds account, to assure receipt of a quarterly statement. These interviews will be conducted in July and October to ensure revised system is working. " The results of the monitoring will be reviewed and discussed in the subsequent Quality Assessment &	

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F 159	Continued From page 5	F 159	Assurance (QAA) meeting for the next 2 quarters for concerns or needed adjustments.	