# Statement of Isolated Deficiencies Which Cause

**No Harm with Only a Potential for Minimal Harm**

## For SNFs and NFs

<table>
<thead>
<tr>
<th>Statement of Isolated Deficiencies Which Cause</th>
<th>Provider #</th>
<th>Multiple Construction</th>
<th>Date Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Harm with Only a Potential for Minimal Harm</td>
<td>345534</td>
<td>A. Building:</td>
<td>9/22/2016</td>
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<td>B. Wing:</td>
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## Name of Provider or Supplier

**Sanford Health & Rehabilitation Co**

**Street Address, City, State, Zip Code**

2702 Farrell Road  
Sanford, NC

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## Summary Statement of Deficiencies

### F 159

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 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 reviews and staff interviews the facility failed to provide individual financial quarterly statements for 1 of 3 sampled residents (Resident #39).

Findings included:

- Review of the facility policy for Resident Trust Fund (RTF) provided by the facility Administrator on 9/21/16 revealed "Statement will be mailed within 30 days of the end of each calendar quarter. A copy of the statement will be maintained in the RTF monthly file with the date the statements were mailed signed by the person mailing the statements."

An interview on 9/21/16 at 3:23 pm with the Accounts Receivable Manager, who is responsible for distributing the quarterly trust fund statements, revealed that she sends the RTF statements out quarterly. She stated that they are sent to the resident’s responsible party. She reviewed all of her filed RTF statements and was unable to find a copy of the trust fund statement for Resident #39. She stated she showed that Resident...
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs  

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<td>345534</td>
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NAME OF PROVIDER OR SUPPLIER  
SANFORD HEALTH & REHABILITATION CO  
2702 FARRELL ROAD  
SANFORD, NC  

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<tr>
<th>ID</th>
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<td>#39 did have a balance of $67.35 in her trust fund.</td>
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<td>An interview on 9/22/16 at 10:30 am with the facility administrator revealed the facility identified a systematic error in their computer software that had resulted in Resident # 39 not receiving their quarterly RTF statement.</td>
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