

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345006	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 3/30/2017
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NAME OF PROVIDER OR SUPPLIER BLUMENTHAL NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3724 WIRELESS DRIVE GREENSBORO, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 160	<p>483.10(f)(10)(v) CONVEYANCE OF PERSONAL FUNDS UPON DEATH</p> <p>(v) Conveyance upon discharge, eviction, or death.</p> <p>Upon the discharge, eviction, or 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 resident, or in the case of death, the individual or probate jurisdiction administering the resident's estate, in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews the facility failed to convey personal funds account balances within 30 days of the resident 's death for 2 of 4 residents that were reviewed for personal funds (Resident #145 and Resident #14).</p> <p>Findings Included:</p> <p>1. Resident #145 expired on 1/7/17. A review of the March 30, 2017 resident trust fund statement provided by the Assistant Business Office Manager (ABOM) revealed a balance of \$4061.69.</p> <p>An interview on 3/30/17 at 4:30 pm with the ABOM revealed that the facility had received Resident #145 's social security checks for February 2017 and March 2017. She stated they had notified the social security office and were waiting for them to debit these deposits. She stated they had not issued a refund check.</p> <p>2. Resident #14 expired on 2/23/17. A review of the March 30, 2017 resident trust fund statement provided by the ABOM revealed a balance of \$958.00.</p> <p>An interview on 3/30/17 at 4:30 pm with the ABOM revealed that the facility had received Resident #14 's social security check for March 2017 and they were waiting for social security to debit it. She stated they had not issued a refund check.</p> <p>An interview on 3/30/17 at 6:19 pm with the Administrator revealed he expected resident 's funds to be dispersed within 30 days as required.</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