DEPARTMENT OF HEALTH AND HUMAN SERVICES

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STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE		PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY		
	TH ONLY A POTENTIAL FOR MINIMAL HARM		A. BUILDING:	COMPLETE:		
OR SNFs ANE	2 101 2	345538	B. WING	3/15/2019		
ME OF PRO	OVIDER OR SUPPLIER	STREET ADDRESS, C	TY, STATE, ZIP CODE	•		
PRUITTHEALTH-RALEIGH			2420 LAKE WHEELER ROAD			
KUITIIL		RALEIGH, NC				
D PREFIX						
AG	SUMMARY STATEMENT OF DEFICIEN	IES				
F 569	Notice and Conveyance of Personal Funds CFR(s): 483.10(f)(10)(iv)(v)					
	§483.10(f)(10)(iv) Notice of certain balances. The facility must notify each resident that receives Medicaid benefits-					
	(A) 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					
	(B) 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.					
	§483.10(f)(10)(v) Conveyance upon discharge, eviction, or death.					
	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.					
	This REQUIREMENT is not met as evidenced by:					
	Based on record review and staff and family interviews, the facility failed to convey personal funds and a					
	statement of those funds to 1 of 1 residents reviewed for conveyance of funds (Resident #374).					
	Findings included:					
	Review of the Resident #374 closed medical record indicated she was admitted to the facility on 11/01/2018 for rehab services. She was discharged from the facility on 01/03/2019.					
	Review of the resident's Minimum Data Set (MDS) dated 12/23/2018 indicated she had mild cognitive impairment with a score of 9 on the Brief Interview for Mental Status (BIMS) test.					
	The resident's family was interviewed by phone on 03/13/2019 at 9:00 AM. The family member stated the resident called several times after discharge and asked when she would get the 30 dollars back from her personal fund. The family member was unable to provide names of facility staff to whom the resident spoke on those occasions. The resident was unavailable for an interview."					
	The facility financial officer was interviewed on 03/13/19 at 1:30 PM and stated Resident #374 was admitted					
	in early November with Medicare as her primary payment and Medicaid secondary payment. She stated "I always explain to new residents or their financial representative there may be payment incurred with the coverage she had on entry. The resident seemed to understand my explanation but did not seem happy with it. She had not exhausted her Medicaid days when she left. She had a balance owed when she left, and there was 30 dollars in her personal fund when she left. The resident came to my office several weeks after					
	discharge and reported after she was disc	harged, she called and s and talked to someone	poke to someone about wanting her 30 after she left but could not remember whom			

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

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NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM			A. BUILDING:	COMPLETE:		
FOR SNFs AND NFs		345538	B. WING	3/15/2019		
NAME OF PROVIDER OR SUPPLIER PRUITTHEALTH-RALEIGH			STREET ADDRESS, CITY, STATE, ZIP CODE 2420 LAKE WHEELER ROAD RALEIGH, NC			
) REFIX AG	SUMMARY STATEMENT OF DEFICIEN	CIES				
F 569	Continued From Page 1					
	explanation. Since that time, her insurance paid the full amount owed, so she will receive her 30 dollars at the close of this month. This all goes through the corporate process and sometimes takes time." The financial officer also reported when the resident and family member showed up several weeks after discharge to inquire about funds, they said the called and spoke to other staff about it but could not provide staff names they spoke to.					
	corporate office and was told statements	did not go out if there w	19 at 11:30 AM and stated she contacted the vas a credit as the resident now has, so the no letters were sent out to the resident after the reside			