

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 345070	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE: 7/9/2015
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NAME OF PROVIDER OR SUPPLIER DURHAM NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 411 S LASALLE STREET DURHAM, NC
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 160	<p>483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH</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 record review and staff interviews, the facility failed to convey funds for 2 of 2 expired residents (Residents #120 and #103) within thirty days of their deaths.</p> <p>The findings include:</p> <p>Review of the policy entitled, REFUNDS revised September 2013 revealed in part, Item #2, Within thirty (30) days of a resident ' s death, the facility will provide the president ' s personal funds and a final accounting of those funds to the resident ' s representative or to the probate administering the resident ' s estate.</p> <p>1. On 7/9/15 a record review was conducted in the business office. It revealed that Resident #120 was admitted to the facility on 2/21/14 and expired on 1/7/15. At the time of his death, he had \$3409.63 in his resident trust fund account. Resident #120 monies had not been conveyed by 12/17/15.</p> <p>2. On 7/9/15 a record review was conducted in the business office. It revealed that Resident #103 was admitted to the facility on 3/22/14 and expired on 2/5/15. At the time of her death, she had \$69.00 in her resident trust fund account. Resident # 103 monies had not been conveyed by 3/5/15.</p> <p>During an interview on 7/9/15 at 1:47 PM with the administrator she indicated the policy was to return the money to the family within thirty days. The family had not opened a probate estate and the billing manager didn ' t know what to do with the money. After review of the policy the administrator indicated the money would be sent to the clerk of courts. The billing manager was not available for interview.</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