

Reviewed By: Joy Thompson-Hen
Name: 7/21/16

Facility Notified
Date: 7/21/16
Name: Dee McManis

PRINTED: 06127/2016
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDE R/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055935	(X2) MULTIPLE CONSTRUCTION Type of Building: <u>12120</u> Notified By: <u>Joy Thompson-Hen</u> Name: <u>Dee McManis</u> B. WING	(X3) DATE SURVEY COMPLETED C 05/16/2016
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NAME OF PROVIDER OR SUPPLIER CERES POSTACUTE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1711 RICHLAND AVENUE C.ERES, CA 95307
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSO IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health-Licensing and Certification during an abbreviated survey for Entity Reported Incident CA00467667 and Entity Reported Incident CA00467668. Representing the California Department of Public Health: 35737, RN, HFEN. The abbreviated survey was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for Entity Reported Incident CA00467667. No deficiency was issued for Entity Reported Incident CA00467668. 483.10(0)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH 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. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and administrative document review, the facility failed to convey the balance of funds and a final accounting of financial account within 30 days of death for two of four residents (Resident 3, and Resident 4) to their private estates. When Resident 3 and 4 had been expired for over 30	F 000	F tag F 160 (SS=E) Ha-Le Aloha Convalescent Hospital – SNF makes its best effort to operate in substantial compliance with both Federal and State Law. Nothing in this Plan of Correction is an admission otherwise. The facility has submitted this Plan of Correction in order to comply with its regulatory obligation and does not waive any objections to the merits or form any allegations contained here. Please note that the facility may contest the merit and/or form of any of the deficiency findings alleged below and take reasonable steps to appeal them. The facility is submitting this Plan of Correction as required by law as its written credible allegation of compliance for the alleged deficiencies. How corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice: 1. Resident 3: A. Ha-Le Aloha Convalescent Hospital (facility) issued Resident 3's responsible party (R/P) a resident trust fund refund check and a final accounting of those funds on 12/15/2015 in the amount of \$1,148.71. B. The check number was 1008. 2. Resident 4: C. Ha-Le Aloha Convalescent Hospital (facility) issued Resident 4's responsible party (R/P) a resident trust fund refund check and a final accounting of those funds on 12/15/2015 in the amount of \$35.00. A. The check number was 1007.	
F 160 SS=E		F 160		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE: Dee McManis TITLE: Burn (X5) DATE: 7/20/16

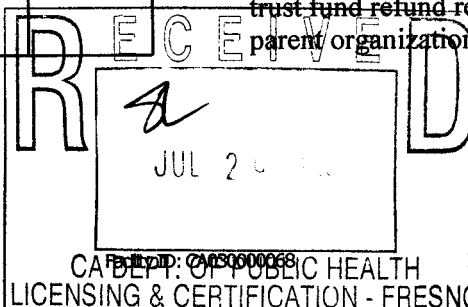
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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.

CA DEPT. OF PUBLIC HEALTH
LICENSING & CERTIFICATION - FRESNO

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F 160	<p>Continued From page 1</p> <p>days without refunded finances or final account balance.</p> <p>These failures resulted in the prolonged hold of Resident 3 and Resident 4's personal funds by the facility.</p> <p>Findings:</p> <p>On 12/04/15 at 4 p.m., during an interview with the Business Office Payroll clerk (BOPC), the BOPC stated, "I handle payroll, accounts payables and residents trust accounts."</p> <p>On 12/15/15 at 2:05 p.m., during a concurrent interview and administrative document review of resident financial accounts, the BOPC stated Resident 4 had expired on _____ and had an available balance of \$35 in her trust account which had not been returned to Resident 4's responsible party.</p> <p>On 12/15/15 at 2:10 p.m., during a concurrent interview and administrative document review of resident financial accounts, the BOPC stated Resident 3 had expired on _____ and had an available balance of \$1,148.71 in his trust account which had not been returned to his responsible party.</p> <p>On 12/16/15 at 2:15 p.m., during an interview, the BOPC stated, "Nobody informs me when the residents expire...we have thirty days to return the money to the family." The BOPC stated she had not been made aware that Resident 3 and Resident 4 had expired.</p> <p>On 4/15/16 at 1:05 p.m., during a telephone Interview, the BOPC stated the Director of</p>	F 160	<p>How the facility will identify other residents having the potential to be affected by the same deficient practice</p> <ol style="list-style-type: none"> 1. Ha-Le Aloha Convalescent Hospital's (facility) Business Office Manager (BOM) has confirmed, through running an accounting report which is entitled, "SNF Trust—Current Account Balance", dated 5/18/2016 and 7/19/2016, that no deceased facility resident currently holds a resident trust fund balance with the facility. <p>What measures will be put into place or what systematic changes will the facility make to ensure that the deficient practice does not recur:</p> <ol style="list-style-type: none"> 1. Ha-Le Aloha Convalescent Hospital's (facility's) has a Trust Account Procedure in place 2. Ha-Le Aloha Convalescent Hospital's (facility's) BOM and Medical Records Designee (MRD) will review the facility's "Detailed Monthly Census List" on a daily basis in order to identify any residents who may have passed. 3. Subsequently, if a deceased resident is identified, the BOM will check the "SNF Trust—Current Account Balance" report to determine if the deceased resident has an active resident trust fund with the facility. 4. If the BOM identifies a deceased resident who has an active resident trust fund with the facility, s (he) will contact the deceased resident's R/P, confirm the payee's name and other pertinent information, and then submit a resident trust fund refund request to the facility's parent organization's corporate office. 		



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F 160	<p>Continued From page 2</p> <p>Nursing or the Social Service Designee should have been the person to notify the BOPC when a resident expired. The BOPC stated, "I think we had a break in our communication system..."</p> <p>The facility policy and procedure titled, "Resident Trust Accounts" dated 3/2006 indicated, "Residents Discharged from the facility...if a resident expires, the facility will prepare a check for the balance in the Resident Trust Fund account per specific state regulations...unclaimed funds should be...turned over to the appropriate agency per specific state regulations."</p>	F 160	<p>5. Subsequently, the BOM will run an updated "SNF Trust—Current Account Balance" report on a weekly basis to determine if a resident trust fund refund check and a final accounting of those funds has been issued.</p> <p>6. If a resident trust fund refund check(s) and a final accounting of those funds have not been issued, the BOM will contact the corporate office and ascertain why. This process will repeat itself until the resident trust fund refund check has been issued. In no case, however, will the resident trust fund refund check be issued in excess of 30 days beyond a resident's death.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>The BOM will furnish the facility administrator with a current copy of the "SNF Trust—Current Account Balance" report in addition to the facility's "Trust Reconciliation Report". In turn, the administrator will verify that there are no deceased residents with active resident trust fund balances that exceed \$0 and have been outstanding for more than 30 days after the resident's death.</p> <p>Exhibit 1 SNF Trust—Current Account Balance Exhibit 2 Trust Reconciliation Report</p> <p>Include dates when corrective action will be completed:</p>		

