

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

PRINTED: 01/08/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/27/2017
NAME OF PROVIDER OR SUPPLIER CALIMESA POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 13542 SECOND ST. YUCAIPA, CA 92399		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey to investigate a complaint. Complaint Number: CA00564826 Representing the California Department of Public Health: 38215 The inspection 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 complaint number CA00564826	F 000			
F 569 SS=D	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	F 569			1/8/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/08/2018

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.

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F 569	<p>Continued From page 1</p> <p>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:</p> <p>Based on interview, and record review, the facility failed to provide accurate documentation of one of three-sampled resident's (Resident A) personal funds. Resident A was discharged from the facility on October 28, 2015, and was not informed of the balance or returned the balance on his personal fund account within the required 30 days. This had the potential to result in fiduciary abuse.</p> <p>Findings:</p> <p>During an interview with the business manager (BM) on December 15, 2017 at 10:30 AM, she stated the facility only has records of Resident A's personal funds until April 15, 2014, amounting to \$5.40. The BM stated the facility did not have any documentation that Resident A's responsible party was made aware of the balance or mailed a check within 30 days of Resident A's discharge from the facility.</p> <p>During an interview with the Director of Nursing (DON) on December 15, 2017 at 11:00 AM, she stated Resident A was discharged from the facility on October 28, 2015.</p> <p>A record for Resident A was reviewed. A document titled, " [name of company]/Bank Transaction Report with detail" dated April 15, 2014, indicated Resident A's trust fund (personal money in the facility) was \$5.40 on April 15, 2014.</p>	F 569	<p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: From 1/02/2018, trust accounts are being audited by the Business Office. The Business Office, Operations Manager, and Administrator will be following the policy and procedure regarding trust accounts. The trust account will be reconciled on the first (1st) working day of each month. The trust account reconciliation will be completed by the Accounts Receivable Supervisor, and will also balance the trust accounts with the reconciliation recap. Each month, outstanding checks will be reviewed. A check should not be outstanding for more than forty-five (45) days. However, there may be situations that are unavoidable. If this occurs, document each month the check continues to be outstanding and insert into the monthly folder. Otherwise all other checks should be voided and reissued. Upon discharge of the resident, a refund will be issued within three (3) normal business days. A current statement of the account should be included with the refund. If a resident expires, you must issue a refund within thirty (30) days.</p> <p>What corrective action will be</p>		

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F 569	Continued From page 2 The facility policy and procedure titled "Charges, Rent/Refund," dated March 21, 2014, indicated under Refund," ... If the resident has been discharged, a refund check will be issued within thirty (30) days ..."	F 569	<p>accomplished for those residents found to have been affected by the deficient practice: A reimbursement check was sent to the responsible party of the affected resident on 1/05/2018.</p> <p>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: From 1/02/2018, trust accounts are being audited by the Business Office. The Business Office, Operations Manager, and Administrator will be following the policy and procedure regarding trust accounts. The trust account will be reconciled on the first (1st) working day of each month. The trust account reconciliation will be completed by the Accounts Receivable Supervisor, and will also balance the trust accounts with the reconciliation recap.</p> <p>What measures will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur: The Administrator and Operations Manager will in-service the Business Office about the policy and procedure. The Business Office will do a trust reconciliation on the first (1st) working day of each month. The Operations Manager, and/or Administrator will review and approve the trust reconciliation before Business Office can close the month end.</p> <p>How the corrective action will be</p>		

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F 569	Continued From page 3	F 569	<p>monitored to ensure the deficient practice will not recur: Updates and progress of the trust reconciliation will be brought to the monthly QA meeting for any recommendations and follow ups. Follow ups will be monitored by Administrator and/or Operations Manager.</p> <p>Date Completed: 1/2/2018</p>		