

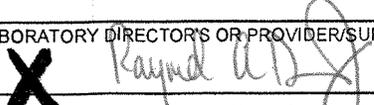
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/26/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/14/2013
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 920 SOUTH FOURTH STREET LOUISVILLE, KY 40203
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(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	F 000		
F 159 SS=D	<p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p>	F 159	<p>The provider wishes this plan of correction to be considered as our allegation of compliance. Preparation and/execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction is prepared and/or executed solely because of federal and state law.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 3/12/13
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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 correction is requisite to continued program participation.

RECEIVED
MAR 13 2013
OFFICE OF INSPECTOR GENERAL
DIVISION OF HEALTH CARE FACILITIES AND SERVICES

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F 159 Continued From page 1

The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.

The facility must notify each resident that receives Medicaid benefits 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 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.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, it was determined the facility failed to have a system in place to assure the safekeeping of monies or personal items placed in the safe and entrusted to them by residents of the facility.

The findings include:

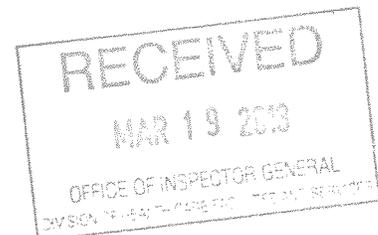
The facility confirmed there was no policy or system in place to assure the safekeeping of cash or other items for residents.

Review of the Christian Care Communities Resident handbook, provided to each resident at time of admission, stated a resident should keep no more than \$5.00 on hand. A personal account could be set up with the Business Office for safekeeping, and may withdraw it as needed.

Interview with the Business Office Manager (BOM), on 02/14/13 at 2:05 PM, revealed the

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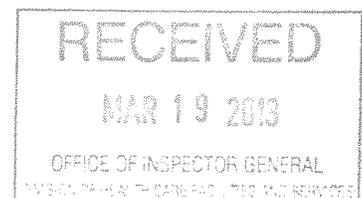
- 1) The facility provided full restitution for the money that was taken from the safe to the one resident affected by this situation on March 11, 2013 by credit to his outstanding account per approval of his responsible party.
- 2) The facility did a complete audit of all items that are being kept in the facility's safe. All residents that have the potential to be affected were identified. Moreover, the identified residents or responsible parties received a notification by the Administrator that provided a deadline for their personal item(s) to be retrieved. Any item(s) that were not retrieved by the deadline will be placed into the Kentucky State Treasurer Unclaimed Property system.
- 3) The facility implemented a policy on the Storage of Personal Items and Valuables by the Facility



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F 159	Continued From page 2 BOM went to the safe to get the money a resident had left there and discovered their money was gone. The BOM stated usually when a resident brought money to the Business Office for safekeeping, it was only kept for a few days until it was deposited in the bank. If a resident wanted money held in a safe place, they would get a receipt and the money locked in the safe until they asked for the money. There was not a time limit on how long the money could be left in the safe. The BOM stated there was not a tracking system to keep up with any money or items placed in the safe. She stated at times money, jewelry, papers, purses or wallets were left in the facility safe. She stated there was no system for a periodic inventory or reconciliation of those items. She stated after the incident of missing money the safe was cleaned out and items were found that had been in the safe for over eleven years. Many of the items discovered belonged to residents that were deceased. Interview with the Administrator, on 02/14/13 at 3:00 PM, revealed there was no written procedure or system in place to cover managing funds or property brought to the business office by residents for safe keeping. There was no limit as to how long a resident could keep money or property in the safe. He stated they found items for residents who were deceased or no longer at the facility and the facility had no way of knowing how to disperse those items. He stated he was unaware the facility should not keep money for residents without depositing the funds in a resident trust account. The Administrator further stated even though the facility would no longer allow personal items and cash to be kept in the safe, he acknowledged if a resident came in on	F 159	on March 4, 2013. This policy includes a declaration of acknowledgement and understanding for a resident or responsible party to sign if he/she request the facility to temporarily store a personal item (ATTACHMENT #1). 4) The Accounts Receivable Manager will be responsible for completing an audit monthly to ensure any item(s) is being kept in accordance with facility policy and procedure (ATTACHMENT #2). This audit will be reviewed and monitored by the Quality Assurance committee monthly for 12 months. Compliance Date: March 29, 2013		



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F 159	Continued From page 3 the weekend with a large amount of cash, they would have to put the money in the safe. However, there was still no policy or system in place to ensure the safety of those items.	F 159		

