STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175275	A. BUILDING _____ B. WING _____	C 08/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDICALODGES KINSLEY	**620 WINCHESTER AVENUE KINSLEY, KS 67547**

(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 citations represent the findings of complaint investigation KS00164373.	F 000		
F 568 SS=D	Accounting and Records of Personal Funds CFR(s): 483.10(f)(10)(iii) §483.10(f)(10)(iii) Accounting and Records. (A) 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. (B) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. (C)The individual financial record must be available to the resident through quarterly statements and upon request. This REQUIREMENT is not met as evidenced by: The facility reported a census of 23 residents, with five selected for sample. The facility managed funds for 10 residents and the sample included five of those residents. Based on interview and record review, the facility failed to provide the resident and/or durable power of attorneys (DPOAs) with quarterly resident funds statements for one of five residents reviewed. (Resident (R) 1) Findings included: - R1's clinical record included an 05/28/21 "Quarterly Minimum Data Set" (MDS) which identified her with severe cognitive impairment (Brief Interview for Mental Status score of seven).	F 568		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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 568	Continued From page 1 "Trust Statements" for R1 personal funds account included evidence the facility provided R1 with a quarterly account statement on 01/08/21. Review of additional funds documents revealed no evidence staff provided the resident and DPOA with quarterly statements since January 2021, a time period of more than six months. During an interview on 08/02/21 at 02:00 PM, Business Office Staff B confirmed she failed to give R1 and her DPOA quarterly statements within the past six months. The facility's 06/03/2014 policy and procedure, "Admission, Transfer, Discharge - Resident Funds Trust Account" included, "The resident or the individual signing the above forms will be mailed two copies of the accounting of the resident's Trust Account on a quarterly basis. One copy must be signed and returned, showing approval of the quarterly transactions. This copy must be kept on file for five years post discharge." The facility failed to provide R1 and her DPOA with quarterly statements of resident funds account activity and balances.	F 568		
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	F 569		

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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:
The facility reported a census of 23 residents, with five selected for sample. The facility managed funds for 10 residents and the sample included five of those residents. Based on interview and record review, the facility failed to have a system in place to ensure notification of resident and/or durable powers of attorney (DPOA) when the balance in the resident's funds account reached within $200 of the Supplemental Security Income (SSI) resource limit of $2,000 for one of five residents. (Resident (R) 3). The facility also failed to have a system in place to ensure conveyance of remaining funds in resident funds accounts to the appropriate person/agency within 30 days of death for two of five sampled residents. (R4, R5)

Findings included:

- R3's clinical record listed "Medicaid" as her primary payor source.

The facility's "Trust Ledger" for resident funds

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accounts revealed the balance in R3's account remained in excess of $2000.00 since 06/30/20, a time period of more than 12 months, as follows:

On 06/10/20 R3 had an account balance of $3.720.86.
On 06/30/20 R3 had an account balance of $2,241.92
On 07/09/20 R3 had an account balance of $2,303.92
On 09/01/20 R3 had an account balance of $2,366.08
On 09/30/20 R3 had an account balance of $2,428.13
On 10/19/20 R3 had an account balance of $2,490.13
On 11/30/20 R3 had an account balance of $2,552.25
On 12/31/20 R3 had an account balance of $4,175.31
On 01/31/21 R3 had an account balance of $2,696,31
On 02/26/21 R3 had an account balance of $2,778.42
On 03/31/21 R3 had an account balance of $2,860.49
On 04/30/21 R3 had an account balance of $2,942.58
On 05/28/21 R3 had an account balance of $3,024.58
On 06/30/21 R3 had an account balance of $3,106.72

Review of the clinical record and accounting documents revealed no evidence of resident, family or DPOA notification of balances within $200 of the SSI limits or over the SSI limit.

During an interview on 08/02/21 at 02:00 PM,

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Business Office Staff B confirmed R3's personal funds account remained at balances more than $2,000 for at least the past 12 months. Business Office Staff B also confirmed she failed to issue notice to the DPOA or family when the balances were within $200 of the SSI limit.

The facility's 06/03/2014 policy and procedure, "Admission, Transfer, Discharge - Resident Funds Trust Account" included, "Residents with accumulated funds will be counseled by the Administrator and/or Social Worker as to the expenditure of such funds. Residents receiving Medicaid benefits will be notified when their account reaches an amount $200.00 less than the SSI resource limit for one person. These residents will also be notified they may lose eligibility for Medicaid or SSI when the amount of the account, in addition to the value of other nonexempt resources, reaches the SSI resource limit for one person."

The facility failed to have a system in place to ensure notification of the DPOA/family when the balance in R3's resident funds account was within $200 of the Supplemental Security Income (SSI) resource limit or over the limit of $2,000.

- The facility provided a "Trust - Current Account Balance" document which listed all resident funds accounts managed by the facility. Of the 10 names on the list, two (R4 and R5) no longer resided in the facility. Information from the clinical records included:

1. R4 expired on 11/14/20, approximately 8 1/2 months previously
2. R5 expired on 06/13/21, 48 days previously

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F 569	Continued From page 5 The "Trust - Current Account Balance" document listed balances as follows as of 08/02/21: 1. R4's funds account had a balance of $176.34 2. R5's funds account had a balance of $35.00 In an interview on 08/02/21, Business Office Staff B confirmed R4 and R5 both expired more than 30 days previously and money remained in the resident funds accounts. Business Office Staff B reported R4 "still owes the facility money so I didn't know what to do with her money." The facility's 06/03/2014 policy and procedure, "Admission, Transfer, Discharge - Resident Funds Trust Account" failed to include information related to conveyance of resident funds within 30 days of discharge or death. The facility failed to have a system in place to ensure conveyance of money remaining in resident funds accounts to the appropriate agency/people within 30 days of death for R4 and R5.	F 569		