

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

PRINTED: 12/21/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145836	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/17/2015
NAME OF PROVIDER OR SUPPLIER SHELBYVILLE REHAB & HLTH C CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 2116 SOUTH 3RD DACEY DRIVE SHELBYVILLE, IL 62565		
(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>Incident Report Investigation to Incident of 11/20/2015/IL82096.</p> <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> <p>The individual financial record must be available through quarterly statements and on request to</p>	F 159			

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 159	<p>Continued From page 1 the resident or his or her legal representative.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to safeguard resident funds and failed to have a system to fully safeguard resident funds. This failure affected one resident, R1, of four reviewed for resident funds in the sample of four.</p> <p>Findings include:</p> <p>On 12/15/2015 at 2:05 PM, E2 (Licensed Practical Nurse) confirmed E2 and E5 (Certified Nurse Aide) received \$950.00 in cash from R1 on 10/23/2015 for safekeeping by the facility. E2 acknowledged R1 verbally agreed to have R1's money removed from R1's room and held by the facility. E2 confirmed E2 and E5 counted the money together, wrote the amount on the outside of the envelope that contained the money, dated, signed, and placed the envelope in the narcotic box in the medication cart.</p> <p>On 12/16/2015 at 11:40 AM, E2 confirmed E2 did not document receipt of R1's money for safekeeping other than on the back of the</p>	F 159			

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F 159	<p>Continued From page 2</p> <p>envelope containing the money, did not contact E1 (Administrator) or E3 (Business office manager) at the time of receipt of the money, and did not provide any receipt to R1.</p> <p>On 12/15/2015 at 2:05 PM, E2 acknowledged not contacting Z1 (R1's Power of Attorney) until four days after storing R1's money in the medication cart.</p> <p>On 12/16/2015 at 8:50 AM, E1 confirmed on 11/20/2015 at 6:20 PM, E4 (Licensed Practical Nurse) contacted E1 to report that R1's money was missing from the medication cart. Z1 was present at the facility to retrieve R1's money from the cart when the envelope containing the money was not located in the cart.</p> <p>On 12/15/2015 at 4:20 PM the medication cart did not have any envelope of money being temporarily held for R1.</p> <p>R1's Nurses Notes from 10/18/2015-12/15/2015 are void of documentation that the facility was temporarily holding R1's funds of \$950.00.</p> <p>R1's Trust Fund Monthly Statements from 10/1/2015-12/15/2015 do not document any deposit or withdraw of \$950.00 from R1's account.</p> <p>On 12/15/2015 at 12:40 PM, E3 confirmed the facility does not have a written resident fund policy for temporarily held resident funds.</p> <p>On 12/16/2015 at 3:00 PM, E1 confirmed the facility did not have written procedures to temporarily handle resident funds when R1's money was held in the medication cart.</p>	F 159			

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