

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365268	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2020
NAME OF PROVIDER OF SUPPLIER ALTERCARE OF WADSWORTH		STREET ADDRESS, CITY, STATE, ZIP 147 GARFIELD ST WADSWORTH, OH 44281	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0569 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview and record review, the facility failed to disburse personal funds account balance within 30 days of discharge to individuals or the individual's estate. This affected one (Resident #1) of three resident accounts reviewed for resident funds. Findings include: Review of the closed medical record for Resident #1 revealed an admission date of [DATE] and a discharge date of [DATE]. [DIAGNOSES REDACTED]. The resident was discharged to another nursing facility. Review of the Resident Fund Management Service authorization and agreement dated [DATE] revealed It is my intention to pay for all services and supplies that I have requested at the facility. Thus, if upon my discharge or death, I have unpaid charges, I hereby request and authorize the facility to use my personal needs account to pay those charges prior to refunding any excess funds to me as noted above, if any. This document was signed by Resident #1's Power of Attorney (POA). Review of Resident #1's financial statement dated [DATE] revealed Resident #1 had an outstanding balance of \$1,205.00, the statement was sent to Resident #1 and her POA. Review of an email sent to the Administrator from the corporate office dated [DATE] revealed \$677.41 was disbursed to the facility for an outstanding balance. Review of another resident statement dated [DATE], which was also sent to Resident #1 and her POA, revealed \$677.41 was disbursed to the facility. Review of an email dated [DATE] from the resident financial specialist to the Administrator revealed the POA signed a financial agreement that would ultimately make her responsible for any remaining balances. The facility applied monies from the personal needs fund so the facility did not have to collect at a later time. Review of Resident #1's Personal Funds Statement for 2019 revealed a balance of \$677.41 on [DATE]. On [DATE], the account was closed and \$677.41 was disbursed to Altercare of Wadsworth. Interview on [DATE] at 9:59 A.M. with the Administrator confirmed Resident #1 was discharged to another nursing facility. The Administrator stated Resident #1 had a resident fund account, and upon discharge, the facility took the amount in the account and paid on the resident's outstanding balance. The Administrator stated Resident #1's POA signed the resident funds agreement that authorized the facility to take the balance in the account and apply it to her outstanding balance. Further interview with the Administrator on [DATE] at 11:47 A.M. verified Resident #1's \$677.41 was not given back to Resident #1 but applied to her outstanding balance with the facility. The Administrator indicated when a resident discharged /expired their personal fund account balance was applied to their outstanding balance. The Administrator stated the facility did not contact the resident and or POA when funds were disbursed to the facility because the resident and or POA signed an agreement giving the facility authorization to apply said funds to outstanding balances. This deficiency substantiates Complaint Number OH 037.		
F 0571 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Limit the charges against residents' personal funds for items or services for which payment is made under Medicare or Medicaid. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure personal needs allowance (PNA) funds were not applied toward outstanding patient liability balances. This affected two (Residents #1 and #106) of three residents who were discharged in the last three months and received a PNA. Findings Include: Review of the closed medical record for Resident #1 revealed an admission date of [DATE] and a discharge date of [DATE]. [DIAGNOSES REDACTED]. Resident #1 was receiving Medicaid benefits while residing in the facility. Review of Resident #1's account statement dated 03/18/18 through 01/03/20 revealed Resident #1 received \$1269.00 a month for care cost minus \$50.00 for monthly PNA. The account indicated Resident #1 had full access to funds in the account for personal use. Resident #1's patient liability was \$1219.00 a month. Resident #1 had a balance of \$677.41 upon discharge. Review of a check written on 01/29/20 revealed the facility applied \$677.41 toward Resident #1's outstanding patient liability balance. Review of Resident #1's Personal Funds Statement for 2019 revealed a balance of \$677.41 on 10/28/19. On [DATE], the account was closed and \$677.41 was disbursed to Altercare of Wadsworth. Review of medical record for Resident #106 revealed an admission date of [DATE] and discharge date of [DATE]. Review of Resident #106's Personal Funds Statement dated 03/13/19 through 01/03/20 revealed Resident #106 was receiving Medicaid benefits of \$945.00 a month. Resident #106 had full access to his funds for personal use. Resident #106 had a balance of \$0.51 upon discharge. The facility applied \$0.51 toward the unpaid patient liability balance. Review of a check written on 03/06/20 verified that \$0.51 was applied to Resident #106's outstanding balance. Interview on 03/09/20 at 9:28 A.M. with the Administrator verified that PNA funds were applied to outstanding patient liability balances upon discharge. The Administrator stated the facility did not have a written policy related to funds being applied to outstanding balances; however, every resident whose funds were managed by the facility signed an authorization requesting that funds from PNAs would be applied to outstanding balances upon discharge, this was a corporate wide policy. Review of Resident #1's and 106's signature authorization forms revealed It is my intention to pay for all services and supplies that I have requested at the facility. Thus, if upon my discharge or death, I have unpaid charges, I hereby request and authorize the facility to use my personal needs account to pay those charges prior to refunding any excess funds to me as noted above, if any. This deficiency substantiates Complaint Number OH 037.		
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.