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

PRINTED: 06/18/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185290		C 06/06/2014

NAME OF PROVIDER OR SUPPLIER: REGENCY CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE: 1550 RAYDALE DR, LOUISVILLE, KY 40219

(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		
	An Abbreviated Survey was initiated on 06/03/14 and concluded on 06/06/14 to investigate KY21770. The Division of Health Care substantiated the allegations with deficiencies cited.		"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, **Regency Care & Rehabilitation Center** does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."	
F 159 SS=E	483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS	F 159		
	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.			
	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.)			
	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.			
	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.			
	The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: x Diane Garrett — TITLE: x Administrator — (X6) DATE: x 7/1/14

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	Continued From page 1	F 159		

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, record review, review of the facility's policies Resident Funds and Segregation of Duties, Resident Trust Accounts, and review of financial records, it was determined the facility failed to ensure monies deposited into the Resident Trust accounts was used by the resident or for the resident, for five (5) of six (6) sampled residents (Residents #1, #2, #3, #4, and #5). The facility wrote checks on the accounts of Residents #1, #2, #3, #4 and #5, by the Business Office Manager, to individuals not associated with the resident and with no evidence the money was requested or used for the resident. In addition, the facility failed to follow their policy for segregation of duties put into place to prevent misappropriation of funds. The facility failed to complete required quarterly audits for over one (1) year. The facility failed to provide quarterly statements to the residents or family. The facility failed to train staff authorized to sign Resident Trust Fund checks, on specific documentation

F 159

1. The Administrator, Director of Nurses and the Assistant Business Office Manager were re-educated on the facility's Resident trust and Segregation of duties policy on 5/29/14 and 6/5/14 by the Quality Assurance Manager to prevent misappropriation of resident monies deposited into the Resident Trust accounts.

An audit of Resident #1, #2, #3, #4, and #5 resident trust accounts was completed on 06/23/14 by the Quality Assurance Manager. All Resident Trust account discrepancies for residents #1, #2, #3, #4 and #5 will be credited to each respective account by 7/10/14 the Accounts Payable Department. Resident #3 cancelled his card on 6/3/14 to ensure no further potential unauthorized activity.

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F 159	Continued From page 2 including receipt requirements to sign the check. The findings include: Review of the facility's policy regarding Resident Funds, revised 09/01/13, revealed Genesis Healthcare Centers would provide temporary safekeeping of a patient's personal funds upon request of the patient or responsible party. The Administrator/Executive Director was responsible for assuring funds were properly established and accounted for according to policy and regulations. Under Section four (4) Withdrawals, it stated patients may withdrawal funds from their accounts at any time. Proper authorization for withdrawals was required at all times. Authorizations that are acceptable are the patients signature, a patient mark with two (2) witnesses, with one being the Administrator, and two (2) witnesses if the patient is unable to sign. It should be noted on the receipt the patient was unable to sign or mark. It went on to say to ensure adequate segregation of duties, the process of entering, transmitting and posting withdrawals must be performed by someone who was not responsible for disbursements of cash to the residents. Only the Administrator or Director of Nursing (DON) may be signers on the petty cash resident trust checking account. Section 4.4 stated if a withdrawal was requested, an updated resident trust balance must be available and verified prior to processing. Withdrawals in excess of fifty ($50.00) dollars would require a twenty-four (24) hour notice, and receipt from family for purchase of personal needs, vendor payments, etc. Proof of the disbursement must be kept in a folder along with a copy of the petty cash check, copy of the withdrawal record, and	F 159	The responsible party for Resident #1, #2, #3, #4, and #5 will be notified of the Resident Trust account discrepancy and credits deposited to reconcile the account by the Administrator as of 7/10/14 The Responsible party for and/or Resident #1, #2, #3, #4, and #5 will be sent an amended quarterly statement by 7/10/14 by the Quality Assurance Manager. The Business Office Manager was terminated on 6/10/14, and reported to the police by the Administrator. 2. A complete audit of all resident trust accounts was completed on 6/19/14 by the Quality Assurance Manager and Genesis Internal Audit Department. All Resident Trust discrepancies identified beyond residents #1, #2, #3, #4 and#5 will be credited back to each identified residents respective Resident Trust account by 7/10/14 by the Accounts Payable Department.	

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F 159	Continued From page 3 store receipt that clearly identified the purchased items and the resident's signature or mark approving the withdrawal. Under Section 5, reconciliation, it stated all accounts must be reconciled monthly. A segregation of duties must exist and the person designated to reconcile the petty cash checking account must be someone who did not handle resident trust cash. The Administrator/ED was responsible for reviewing and approving the petty cash checking account reconciliation. A quarterly statement would be provided every three (3) months to the patient or responsible party. An acknowledgement letter and return signature page for proof of receipt must be included with the quarterly statements that were sent to someone other than the patient. If the acknowledgement letter was not returned in three (3) weeks, a notation was to be made of not returned on the copy of the letter and placed in the patient's file. Review of the Reference Tool, Segregation of Duties, revised 05/29/14 revealed the purpose of the Segregation of Duties was to prevent one person from having access to assets and responsibility for maintaining the accountability of those assets, in order to reduce errors and misappropriation of funds. Under the section Definition of Roles revealed there are four (4) roles: Cash Handler, Cash Poster, Center Administrator and Corporate Cash Poster. The Center Administrator was responsible for oversight of the segregation of duties process, to verify checks were not in handwriting of the person authorized to post and receipts are not signed by the person authorized to post. The segregation of duties questionnaire was completed by the Administrator on a quarterly basis to provide name and title of each person	F 159	Reconciled quarterly statements for all residents will be distributed by Quality Assurance Manger by 7/10/14 when the center receives second quarter statements from an outside vendor and then each new quarter as required per 483.10(c)(3)-(8) facility management of personal funds. An acknowledgement letter and return signature page for proof of receipt will be sent to all responsible parties each quarter to acknowledge receipt of statements and placed in the resident's financial folder. If not returned in three weeks, a notation will be made by the Business Office Manager and placed in the financial folder.	

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F 159	Continued From page 4 who typically performed the specific duty and to compare the completed segregation of duties assignments to the segregation of duties key. The cash handler received cash and checks, distributed cash and collected receipts, maintained custody of the Petty Cash and Resident Trust Fund checks in a secure and locked location. The cash handler could not post, edit or respond to inquires regarding account balances. They could not be a check signer, distribute statements or prepare bank reconciliation. The cash poster reconciled, posted deposits, responded to inquires, distributed statements, and prepared bank reconciliation for resident trust accounts. They could not receive cash or checks, prepare receipts, mail lockbox payments or take deposits to the bank, write checks or be a check signer. They could not be a backup for the cash handler or have access to the safe. Interview with the Administrator, on 06/03/14 at 1:44 PM, revealed the facility began an investigation after a resident's family member requested money to purchase an item for the resident and there was not enough money in the account to cover the expense. She stated the Business Office Manager, (BOM) was off on sick leave so she reviewed the account to verify the funds. She discovered the money had been taken out of the account the previous week, but the family member stated they had called to request the money, but never came in to get it. She stated they had discovered the Business Office Manager (BOM) had been forging checks from the Residents Trust Accounts of multiple residents since August 2012 in excess of thirty thousand ($30,000) dollars, at this time. She stated the investigation was ongoing. She stated	F 159	On 6/19/14 Administrator sent letter to all Resident Trust responsible parties informing, "in accordance with facility policy of Resident funds, all withdrawals in excess of fifty dollars requires a twenty-four hour notice, and a receipt from the family for purchase of personal needs, vendor payments, etc. before withdrawal is granted." Proof of the disbursement, including a copy of the petty cash check, the withdrawal record and the store receipt will be kept in the resident's financial folder. 3. The Quality Assurance Manager was re-educated to the requirement of bi-annually audits of book keeping practices and Resident Trust Accounts on 6/25/14 by The Regional Quality Assurance Director. A posttest will be completed to validate understanding by 7/10/14.	

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F 159	Continued From page 5 the Quality Assurance Manager (QAM) was responsible to complete audits quarterly of the bookkeeping practices. She stated she was responsible to oversee bookkeeping practices but operated on the premise of trust. 1. Review of the medical record for Resident #1 revealed the facility admitted the resident on 05/17/12 with Diagnosis including Huntington's Chorea. Review of the Annual Minimum Data Set (MDS) Assessment completed on 04/09/14 revealed the facility assessed the resident cognition as a fourteen (14) on the Basic Interview for Mental Status (BIMS) score, cognition intact. The resident had a Guardian, but was their own responsible party at this time. Review of the Resident Trust Account revealed the resident had an active Account. The facility identified on 12/24/12 a receipt for a $20 withdrawal, for personal need items for the resident, had not been signed or witnessed as required. The check number corresponded with a check written on 01/03/13 to the Activities Director for reimbursement for three (3) different residents, totaling $290.00 but the check was written for $499.00. One of the signatures on the check was the Social Services Director. Review of the Resident Trust Account Statement revealed there was a withdrawal of $30.00 on 12/26/12 for personal need items but nothing for $20.00. Observation, on 06/04/14 at 10:04 AM, revealed Resident #1 was out of the room. Licensed Practical Nurse #2 stated the resident was a smoker and most likely was outside smoking or in the lobby waiting to smoke.	F 159	The Social Services Director and Activity Director will re-educated by 7/10/14 by the Administrator to the Resident Trust and Segregation of Duties policy including the requirement that only the Administrator and/or Director of Nursing can sign checks on the petty cash resident trust checking account. A posttest will be completed to validate understanding by 7/10/14. Quarterly statements of Resident Trust Accounts will be sent to all Residents and or responsible parties as appropriate each quarter beginning in July 2014 by the Administrator, Business Office Manager, or Quality Assurance Manager. All Resident Trust Accounts will be reconciled monthly by the Business Office Manager or Quality Assurance Manager then reviewed and approved by the Administrator.	

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F 159	Continued From page 6 Interview with Resident #1, on 06/05/14 at 1:25 PM, revealed all of the resident's money goes to the facility. The resident stated she had not had any concerns getting money from his/her account. He/she said the facility had not sent any statements regarding a summary of the resident trust account, but told him/her it would be provided if requested. 2. Review of the medical record for Resident #2, revealed the facility admitted the resident on 12/17/08 with diagnosis including Cerebrovascular Disease. Review of the Quarterly Assessment completed on 04/27/14 revealed the facility assessed the residents cognition with the BIMS score of thirteen (13), cognitively intact. Review of the Resident Trust Account for Resident #2 found the facility identified a withdrawal of $1137.93 for personal need items and a check made out to a person not listed at the resident's contact, dated 11/30/12. In addition, on the memo line it stated for closed account. The account was not closed and the resident had monthly deposits and is still an active patient with an open account. Observation, on 06/04/14 at 9:25 AM, revealed Resident #2 was sitting up in a wheelchair in the resident's room. The resident appeared well groomed with small personal effects noted. A television was noted on the wall. Interview with Resident #2, on 06/04/14 at 9:25 AM, revealed he had no concerns with getting money out of petty cash at the front desk when requested. The resident stated Activities took care of most of the residents request. The	F 159	Any discrepancies will be investigated and resolved upon discovery. 4. The Quality Assurance Manager will conduct monthly audits of Resident Trust Accounts and bookkeeping practices for 6 months then bi-annually. The results of these audits will be submitted to the Administrator for review. Any concerns identified will be investigated and resolved upon discovery. The Resident Trust Account and bookkeeping practice audit findings will be reported to the monthly Performance Improvement Committee by the Administrator times 6 months for review and further recommendation. 5. Date of compliance 7/11/2014	

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F 159	Continued From page 7 resident stated he/she did not receive any quarterly statements about the Resident Trust Account from the Business Office.	F 159		
	3. Review of the medical record for Resident #3 revealed the facility admitted the resident on 02/13/13 with Diagnosis including Renal Dialysis, Diabetes and Blindness. Review of the Quarterly MDS Assessment, dated 04/21/14, revealed the facility assessed the resident's cognition at fifteen on the BIMS score, meaning cognitively intact.			
	Review of the Resident Trust Account for Resident #3 revealed an account was opened 08/05/13. There was a total of six (6) transactions including account closed on 08/20/13 and a balance of $0 on 02/03/14.			
	Observation, on 06/05/14 at 1:00 PM, of Resident #3 revealed the resident was sitting up in a wheelchair in the lobby and appeared well groomed.			
	Interview, on 06/04/14 at 1:00 PM, with Resident #3 revealed the resident had a Resident Trust Account. He stated he did not receive a statement unless he/she asked for one. The resident stated he/she had not requested a statement since July 2013. Resident #3 stated the BOM offered to take the resident's credit card and pay the monthly patient liability and place $40 in the trust account every month. He/She stated he never had any problems retrieving money from the resident trust account until Tuesday June 3, 2014. The resident stated the Assistant Business Office Manager (ABOM), informed him/her the money had not been posted to the account. The resident then told the ABOM that the BOM had			

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F 159	Continued From page 8 the credit card and had been posting the amount to the account. Resident #3 stated he/she had not told anyone else but his/her spouse about giving the credit card to the BOM. The resident stated when he/she checked the balance on the card on Tuesday he/she said there was only $300 and there should have been over $800 on the card. Review of the facility's five (5) day follow up for Resident #3 related to misappropriation of funds revealed the facility had discovered the patient's liability was set to zero (0), so it looked as if the account was current. In regards to the deposits and withdrawals into the resident trust account, the tickets were never processed to the account, but the resident received funds from elsewhere to cover the withdrawals. Interview with the ABOM, on 06/05/14 at 2:20 PM, revealed she had only worked there about five (5) months. She stated she was trained by the BOM on what her responsibilities were. She stated she was responsible for cash handling. She stated she did sign the segregation of duties, but did not read it, and trusted the BOM was teaching her the right way. She stated the BOM kept the Resident Trust check book. She stated the BOM would verify the funds were available, but she never viewed Resident #3's trust account statement to verify the funds. She stated the BOM would just say, yeah it's ok. 4. Review of the medical record for Resident #4 revealed the facility admitted the resident on 07/14/13 with diagnoses of Unilateral Amputation, Diabetes, and Peripheral Vascular Disease. Review of the Quarterly MDS Assessment, completed 04/11/14, revealed the facility	F 159		

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F 159	Continued From page 9 assessed the resident's cognition at 15 on the BIMS score, meaning cognitively intact. The resident's brother was listed as the emergency contact with the brother and the resident being responsible for the billing statement. Review of the Resident Trust Account for Resident #4 revealed multiple deposits and withdrawals. The facility identified two (2) withdrawals on the account, one on 01/06/14 in the amount of $825.00 and another on 02/24/14 in the amount of $740.00 for personal need items, made out to someone not listed as the resident contacts. In addition,there were no receipts to back up the transaction. The checks were made out to the same person, who the facility identified as the BOM's, daughter. Both checks were signed by the Activities Director and the Social Services Director. Observation, on 06/04/14 at 9:40 AM, of Resident #4 revealed the resident was in his/her room in a wheelchair watching television and dozing. The resident appeared well groomed and had multiple personal effects. Interview, on 06/04/14 at 9:40 AM, with Resident #4 revealed the resident was satisfied with the care received at the facility. He/She said they had no concerns with getting money out of the resident trust account. The resident stated they had not received any statement from the resident trust, but the brother took care of all that. 5. Review of the closed record for Resident #5 revealed the facility admitted the resident on 08/03/11 with diagnoses of Deep Vein Thrombosis, and Senile Dementia.	F 159		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ___ B. WING ___	(X3) DATE SURVEY COMPLETED
	185290		C 06/06/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY CENTER	1550 RAYDALE DR LOUISVILLE, KY 40219

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F 159	Continued From page 10	F 159		

Review of the Resident Trust Account for Resident #5 revealed multiple deposits and withdrawals. The facility identified three (3) withdrawals for personal need items, made out to someone not listed as a contact for the resident. The checks were written on 01/23/14 in the amount of $821.01 and 02/20/14 in the amount of $740.00 to someone unknown at this time. The check written on 03/27/14 in the amount of $768.20 was written out to the person the facility identified as the BOM's daughter. There were no receipts for these transactions. One check was signed by the Director of Nursing and the other two (2) were signed by the Activities Director and Social Services Director.

Interview with the Administrator, on 06/05/14 at 8:40 AM, revealed the BOM was already employed when she became the Administrator. She stated prior to Genesis taking over the facility the previous company required two (2) check signers to sign checks. She stated it was usually the Administrator, The Director of Nursing, Activities, or Social Services. She stated that was put into place prior to her coming to the facility. She stated the ABOM had only been here a short time and the BOM trained her on that position. She stated the BOM should not have been writing checks, but was. She stated she knew this, but was operating on the premiss of trust. She stated when the BOM would bring checks for her to sign, she would bring multiple checks that included insurance premium payments. She stated she would have the residents account information, but just didn't pay close attention to the checks to check for receipts or signatures. The Administrator stated the BOM should not have had original checks when posting to accounts and

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F 159	Continued From page 11 only the cash handler was to have the checks and then make copies to give to the cash poster, which was assigned to the BOM. She stated she did do monthly audits; however, she only looked at the month end billing. She stated she expected the Quality Assurance Manger (QAM) to dig deeper when they came in to do quarterly audits. She stated she thought they were being done because the QAM was in the building and she signed off on reports. She stated the breakdown in the system was she trusted the BOM and did not follow the policy related to segregation of duties. Interview with the previous Administrator, on 06/05/14 at 11:28 AM, revealed he was the Administrator prior to Genesis taking over the facility. He stated there were four or five ABOM there while he was there and they were trained by the BOM or the Regional BOM. He stated sometimes the BOM did write checks to him and he would cash them and bring back the money to put in the petty cash box. He stated it should not have been more than $500. When informed five checks were written to him in different amounts up to $1300.00 for spenddown of resident accounts, he stated he would not have signed for that, as the resident or family would have to go out and purchase something and bring back a receipt. Interview with the Corporate Quality Assurance Manager (QAM), on 06/04/14 at 1:35 PM, revealed she had been with the company for fifteen (15) years. She stated she currently was the overseer of nine (9) facilities. She stated the last site visit audit for this facility was completed in May 2013. She stated they had put the quarterly audit on hold because they had a	F 159		

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F 159	Continued From page 12 change in their computer system. She stated it was a verbal discussion, but there was no documentation of the hold on the audits. She stated the Administrator was responsible for oversight of the segregation of duties, then it gets sent to her. She stated the BOM was supposed to complete monthly reconciliation of funds and report it monthly to the Administrator and to her. She stated the monthly reconciliation for this facility had not been completed since December 2013. She said she sent e-mails about the reconciliation, but it was one excuse after another as to why the BOM couldn't get it done. She was unable to provide any e-mails she had sent to the BOM regarding reconciliation of month end reports. She stated it should have been a red flag for her, but they were doing seven (7) hour conference calls four (4) days a week and it just went off the radar. She stated she made a visit in May 2014, but did not get to complete the Resident Trust Account audits due to vacations and staff being off. The QAM stated as far as the quarterly statement for resident trust accounts go they are sent to the facility from an outside vendor. She stated the BOM was responsible to deliver them to residents if they get them or mail them to the family with a return signature page. She stated they had not been able to find any record that quarterly statements were even sent out. She stated she sent a bulk e-mail to all BOMs as a reminder to mail the statements and ask for a response back that they had been sent. She stated she really had no way to verify the letters had been sent. She stated the Administrator was ultimately responsible to oversee the BOM. She stated the consequences to the residents were no funds would be available that they were owed. She stated the system failure was related to several components: the	F 159		

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F 159	Continued From page 13 computer conversion took their focus off; and the corporate office had several field directors (ARFD) in the past; and then with redivision of the centers resulted in them not having the same watchful eye over the BOMs. She stated she did not know what kind of training the ABOM had related to segregation of duties and of other staff that were authorized to sign checks. She stated now, only the Administrator or Director of Nursing could sign checks.	F 159		
	Interview with the Activities Director, on 06/05/14 at 3:11 PM, revealed she would go out and buy resident items, then get a check from the BOM to buy the items. She stated about a year ago, she was asked to be a check signer because they needed a second signature. She stated she was not trained on what the requirements were to sign the check or any knowledge of who was allowed to write checks or not. She stated the BOM would bring a check and give a brief explanation of the check, but there was never any document or receipt for the check.			
	Interview with the Director of Nursing, on 06/05/14 at 3:31 PM, revealed she had been here since December 2012. She stated there were four (4) people authorized to sign checks when they required two signatures on a check then it was changed to one signature. She stated she was trained if you sign a check there should be a backup for the check like a receipt. The idea was the item should be reimbursement after the purchase. No residents ever reported any concerns with resident trust account. She acknowledged she had signed checks for spenddown, but the amounts would have been reasonable if a patient's family bought a television. She stated when the BOM would bring			

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F 159 Continued From page 14

the checks to sign she would bring two (2) or three (3) checks to sign. She stated prior to being given the role of check signer she did not receive any formal training on the requirements for signing a check.

Interview with the Social Services Director, on 06/05/14 at 4:05 PM, revealed she had worked at the facility for seven (7) years. She stated she was not trained on what to look for when signing a check. She said she just assumed there were checks and balances. She stated no resident ever reported or complained about the resident trust account or billing issues. She stated she had no knowledge residents were giving the BOM their debit cards to pay their bill.

F 160 SS=F 483.10(c)(6) CONVEYANCE OF PERSONAL FUNDS UPON DEATH

Upon the 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 individual or probate jurisdiction administering the resident's estate.

This REQUIREMENT is not met as evidenced by:
Based on record review and review of the facility's policy Resident Fund Accounts, it was determined the facility failed to refund resident trust account funds within thirty (30) days of death for two (2) of two (2) sampled residents, (Resident #5, and #6).

Refer to Tag F159

F 159

F160

1. Resident#5's trust account balance was refunded to the responsible party on 6/4/2014 by the Assistant Business Office Manager. Resident #6's trust account was closed by the Quality Assurance Manager and the balance refunded to the responsible party on 6/4/14 by the Assistant Business Office Manager.

F 160

2. Resident Trust balance report for all residents was run on 6/4/2014 by the Quality Assurance Manager revealed no other accounts were affected. All other accounts were closed as of 6/4/14 by the Quality Assurance Manager and refunded according to 483.10 (c) (6) conveyances of personal funds upon death.

3. The Assistant Business Office Manager was re-educated to the Resident Fund Account policy including the

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F 160 Continued From page 15

The findings include:

Review of the facility's policy regarding Resident Fund Accounts, dated 01/01/13, revealed Residents/Patients or estate representatives would receive a statement of account and refund, if applicable, within the timeframe designated by the state after discharge or upon death of a resident.

1. Review of the medical record for Resident #5 revealed the resident expired on 04/22/14. The Trust Account Statement for Resident #5 revealed the account was closed on 05/01/14 with a debit amount of $537.49. The facility discovered there was no receipt of reimbursement to the responsible party for the balance.

2. Review of the medical record for Resident #6 revealed the resident expired 02/16/14. The Trust Account Statement revealed a balance of $40.00 remained as of 06/02/14.

Interview with the Administrator, on 06/03/14 at 1:44 PM, revealed the facility had discovered the Business Office Manager (BOM), who was off on sick leave, allegedly misappropriated Resident Trust Funds for approximately twenty (20) residents, including Resident #5, and #6 since about August, 2012. She stated they were in the process of doing a complete audit of the entire resident population and financial records.

Attempted interview the Business Office Manager, (BOM), via telephone on 06/05/14 at 10:36 AM, revealed no contact could be made.

F 224 483.13(c) PROHIBIT

F 160

expectation that resident/ patients or estate representatives will receive a statement of account and refund, if applicable, within 30 days after discharge or upon death of a resident by Quality Assurance Manager on 5/29/14. A posttest will be completed to validate understanding by 7/10/14.

The Business Office Manager or Assistant Business Office Manager will run a balance report of all resident trust accounts biweekly to determine that all accounts are closed and refunded within 30 days of resident discharge or death.

4. The Business Office Manager or Assistant Business Office Manager will run and audit the balance report of all resident trust accounts weekly for 3 months then biweekly to ensure all accounts are closed and refunded within 30 days

F 224

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F 224 SS=E	Continued From page 16 MISTREATMENT/NEGLECT/MISAPPROPRIATN The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview, record review, review of the Resident Trust Accounts, and review of the financial records, it was determined the facility failed to ensure residents were protected from abuse related to misappropriation of funds, for five (5) of six (6) sampled residents, (Resident #1, #2, #3, #4, and #5). The facility wrote checks from Residents #1, #2, #3, #4 and #5's accounts, allegedly by the Business Office Manager (BOM), to individuals not associated with the resident and with no evidence the money was requested or consented by the resident or Responsible Party. In addition, the facility failed to train staff on their responsibility related to resident trust fund and distribution of funds from the residents accounts that could have prevented or detected alleged misappropriation by the BOM . Refer to F159, F160 The findings include: Review of the facility's policy regarding Abuse Prohibition-State of Kentucky 07/01/13, revealed the purpose of the policy was to ensure staff was doing all that was within their control to prevent	F 224	upon death or discharge. The balance report will be submitted and findings reported to the Administrator by the Business Office Manager/ Assistant Business Office Manager for further review. The Quality Assurance Manager will conduct monthly audits of Resident Trust Accounts and bookkeeping practices for 6 months then bi-annually. The results of these audits will be submitted to the Administrator for review. Any concerns identified will be corrected upon discovery and then reported to the facility monthly Performance Improvement Committee by the Administrator for 6 months for further review and recommendation. 5. Completion date: 7/11/14	

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F 224	Continued From page 17 occurrences of abuse, mistreatment, neglect and misappropriation of property for all patients. 1. Review of the medical record for Resident #1 revealed the facility admitted the resident on 05/17/12 with a Diagnosis of Huntington's Chorea. Review of the Annual Minimum Data Set (MDS) Assessment, completed on 04/09/14, revealed the facility assessed the resident's cognition as a fourteen (14) on the Basic Interview for Mental Status (BIMS) score, meaning cognition intact. The resident had a Guardian, but was hhis/her own responsible party at the time. Review of the Resident Trust Account revealed the resident had an active account. The facility identified, on 12/24/12, a receipt for a $20 withdrawal, for personal need items for the resident, had not been signed or witnessed as required. The check number corresponded with a check written on 01/03/13 to the Activities Director for reimbursement for three (3) different residents, totaling $290.00, but the check was written for $499.00. One of the signatures on the check was the Social Services Director. Review of the Resident Trust Account Statement revealed there was a withdrawal of $30.00, on 12/26/12, for personal need items, but nothing for $20.00. Interview with Resident #1, on 06/04/14 at 1:25 PM, revealed all of the resident's money went to the facility. The resident stated he/she had not had any concerns getting money from his/her account and no concerns with staff mistreatment. 2. Review of the medical record for Resident #2, revealed the facility admitted the resident on 12/17/08 with a diagnosis of Cerebrovascular	F 224	F 224 1. The Administrator, Director of Nursing and the Assistant Business Office Manager were re-educated on the facility's Resident trust and Segregation of duties policy on 5/29/14 and 6/5/14 by the Quality Assurance Manager to prevent misappropriation of resident monies deposited into the Resident Trust accounts. An audit of Resident #1, #2, #3, #4, and #5 resident trust accounts was completed on 06/23/2014 by the Quality Assurance Manager. All Resident Trust account discrepancies for residents #1, #2, #3, #4 and #5 will be credited to each respective account by 7/10/14 by the Accounts Payable Department. Resident #3 cancelled his card on 6/3/14 to ensure no further potential unauthorized activity.	

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F 224	Continued From page 18 Disease. Review of the Quarterly Assessment, completed on 04/27/14, revealed the facility assessed the residents cognition with the BIMS score of thirteen (13), meaning cognitively intact. Review of the Resident Trust Account for Resident #2 revealed the facility identified a withdrawal of $1137.93 for personal need items and a check, dated 11/30/12, made out to a person not listed at the resident's contact. In addition, on the memo line it stated for closed account. The account was not closed and the resident had monthly deposits and was still an active resident with an open account. Interview with Resident #2, on 06/04/14 at 9:25 AM, revealed he/she had no concerns with getting money out of petty cash at the front desk when requested and had no concerns with staff treatment. 3. Review of the medical record for Resident #3 revealed the facility admitted the resident on 02/13/13 with diagnoses of Renal Dialysis, Diabetes and Blindness. Review of the Quarterly MDS Assessment, dated 04/21/14, revealed the facility assessed the resident's cognition at fifteen on the BIMS score, meaning cognitively intact. Review of the Resident Trust Account for Resident #3 revealed an account was opened 08/05/13. There was a total of six (6) transactions including account closed on 08/20/13 and a balance of $0 on 02/03/14. Interview, on 06/04/14 at 1:00 PM, with Resident #3 revealed the resident had a Resident Trust Account. Resident #3 stated the BOM offered to take the resident's credit card and pay the	F 224	The responsible party for Resident #1, #2, #3, #4, and #5 will be notified of the Resident Trust account discrepancy and credits deposited to reconcile the account by the Administrator as of 7/10/2014 The Responsible party for and/or Resident #1, #2, #3, #4, and #5 will be sent an amended quarterly statement by 7/10/2014 by the Quality Assurance Manager. The Business Office Manager was, terminated on 6/10/14, and reported to the police by the Administrator. 2. A complete audit of all resident trust accounts was completed on 6/19/14 by the Quality Assurance Manager and Genesis Internal Audit department. All Resident Trust Account discrepancies identified beyond residents #1, #2, #3, #4, and #5 will be credited back to each respective account by 7/10/14 by the Accounts Payable Department.	

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F 224	Continued From page 19 monthly patient liability and place $40 in the trust account every month. He/She stated he/she never had any problems retrieving money from the resident trust account until Tuesday June 3, 2014. The resident stated the Assistant Business Office Manager (ABOM), informed him/her the money had not been posted to the account. The resident then told the ABOM that the BOM had the credit card and had been posting the amount to the account. Resident #3 stated he/she had not told anyone else but his/her spouse about giving the credit card to the BOM. The resident stated when he/she checked the balance on the card on Tuesday he/she said there was only $300 and there should have been over $800 on the card. Review of the facility's five (5) day follow up for Resident #3 related to misappropriation of funds revealed the facility had discovered the patient's liability was set to zero (0) so it looked as if the account was current. In regards to the deposits and withdrawals into the resident trust account, the tickets were never processed to the account, but the resident received funds from elsewhere to cover the withdrawals. 4. Review of the medical record for Resident #4 revealed the facility admitted the resident on 07/14/13 with diagnoses of Unilateral Amputation, Diabetes, and Peripheral Vascular Disease. Review of the Quarterly MDS Assessment, completed 04/11/14, revealed the facility assessed the resident's cognition at 15 on the BIMS score, meaning cognitively intact. The resident's brother was listed as the emergency contact with the brother and the resident responsible for billing statements.	F 224	Current interviewable residents were interviewed by the Director of Nursing, Assistant Director of Nursing and or Social Services Director as of 6/27/14 to determine any allegations of abuse including mistreatment, neglect, abuse, and misappropriation of resident property. Current non-interviewable residents will be assessed by a licensed nurse as of 6/27/14 to determine any signs of abuse, mistreatment, neglect or misappropriation of property. Any concerns will be addressed upon discovery. 3. The Assistant Business Office Manager was re-educated on 6/5/14, by the Quality Assurance Manager, regarding the cash handler's responsibilities to prevent misappropriation of resident funds. A posttest will be completed to validate understanding by 7/10/14.	

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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 224	Continued From page 20 Review of the Resident Trust Account for Resident #4 revealed multiple deposits and withdrawals. The facility identified two (2) withdrawals on the account, one on 01/06/14 in the amount of $825.00 and another on 02/24/14 in the amount of $740.00 for personal need items, made out to someone not listed as the resident contacts. In addition, there were no receipts to back up the transaction. The checks were made out to the same person, who the facility identified as the BOM's daughter. Both checks were signed by the Activities Director and the Social Services Director. Interview, on 06/04/14 at 9:40 AM, with Resident #4 revealed the resident was satisfied with the care received at the facility. He/She said they had no concerns with getting money out of the resident trust account and no concerns with staff mistreatment. 5. Review of the closed record for Resident #5 revealed the facility admitted the resident on 08/03/11 with diagnoses of Deep Vein Thrombosis, and Senile Dementia. Review of the Resident Trust Account for Resident #5 revealed multiple deposits and withdrawals. The facility identified three (3) withdrawals for personal need items, made out to someone not listed as a contact for the resident. The checks were written on 01/23/14 in the amount of $821.01 and 02/20/14 in the amount of $740.00 to someone unknown at this time. The check written on 3/27/14 in the amount of $768.20 was written out to the person the facility identified as the BOM's daughter. There were no receipts for these transactions. One check was signed by the Director of Nursing and the other	F 224	Bi-annual audits of Resident Trust Accounts and bookkeeping practices will be completed by the Quality Assurance Manager to identify any areas of concern. All Resident Trust Accounts will be reconciled monthly by the Business Office Manager or Assistant Business Office Manager and then reviewed and approved by the Administrator. Any discrepancies will be investigated and resolved upon discovery. Nursing Social Services, Therapy, Housekeeping/ Laundry, and administrative staff will be re-educated to the abuse policy as of 7/10/2014 by the Director of Nursing, Assistant Director of Nursing and/or Administrator. Employees not working during this timeframe will receive reeducation upon return to work by the Director of	

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

PRINTED: 06/18/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	185290		C 06/06/2014
NAME OF PROVIDER OR SUPPLIER: REGENCY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 1550 RAYDALE DR LOUISVILLE, KY 40219	

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F 224	Continued From page 21 two (2) were signed by the Activities Director and Social Services Director. Interview with the ABOM, on 06/05/14 at 2:20 PM, revealed she had only worked there about five (5) months. She stated she was trained by the BOM on what her responsibilities were. She stated she was responsible for cash handling. She stated she did sign the segregation of duties, but did not read it and trusted the BOM was teaching her the right way. She stated she had not seen the policy of segregation of duties that gave specific instructions on what role and responsibility of each assignment was and was not to do. She stated the BOM kept the Resident Trust check book. She stated she had been trained on abuse, but had no idea the money was being misappropriated. Interview with the Director of Nursing on 06/05/14 at 3:31 PM, the Activities Director on 06/05/14 at 3:11 PM, and the Social Services Director on 06/05/14 at 4:05 PM, revealed they had been trained on abuse, but had no idea the resident's funds were mishandled. Interview with the Administrator, on 06/04/14 at 8:40 AM, revealed all staff had been trained on abuse this year and just recently trained on integrity training in which they would report any suspected unlawful or improper conduct, including the Business Office Manager. She stated they failed to follow policy and procedure related to segregation of duties for bookkeeping of resident's funds that resulted in a staff member having access to monitoring of resident accounts and handling cash and checks. She acknowledged the failure of oversight resulted in multiple residents monies misappropriated from	F 224	Nursing and/or designee. A posttest will be completed to validate understanding by 7/10/14. 4. The Quality Assurance Manager will conduct monthly audits of Resident Trust Accounts and bookkeeping practices for 6 months then bi-annually to determine no misappropriation of resident property. The results of these audits will be submitted to the Administrator for review. Any concerns identified will be investigated and resolved upon discovery. The Resident Trust Account and bookkeeping practice audit will be reported to the facility monthly Performance Improvement Committee by the Administrator for 6 months for further review and recommendation. 5. Completion date: 7/11/14	

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F 224	Continued From page 22 their accounts. She stated the investigation was ongoing. Attempted interview with the BOM via telephone, on 06/05/14 at 10:36 PM, was unsuccessful.	F 224	F 226 1. Employee #9 was termed from center employment on 6/10/2014 by the Administrator.	
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview, review of employee files and review of the facility's policy Abuse Prohibition, it was determined the facility failed to follow their policy related to screening to obtain information from previous employee to prevent abuse for one (1) of seven (7) employee files (Employee #9). The facility failed to check previous employee references for Employee #9, who had previous experience as a business office manager in another state. Refer to Tag F224 The findings include: Review of the facility's policy regarding Abuse Prohibition-State of Kentucky, effective 07/01/13, revealed the center would screen potential employees for a history of abuse, neglect, or mistreating residents.	F 226	2. Employee Record audit of all current employees was completed by the Benefit Coordinator to determine that previous employee reference checks were completed on 6/12/14 with no other files identified. 3. The Benefits Coordinator, Director of Nursing, Assistant Director of Nursing, Dietary Manager, Housekeeping Supervisor and Therapy Manager will be re-educated as of 7/10/14 by the Administrator to the expectation that previous employers or prospective new hires must be completed and documented in the employee file prior to hire of the employee to ensure no history of abuse, neglect or	

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F 226	Continued From page 23 Review of the employee file for employee #9 revealed the facility hired the employee on 01/03/12. Employee #9's application for employment revealed the employee had previous experience as a Business Office Manager at a Long Term Care facility in Washington, Illinois. Continued review of the employee file revealed there was no evidence the facility completed any reference checks with any previous employers. Review of the Applicant Checklist under References marked #1 and #2 were blank with nothing documented. Interview with the Administrator, on 06/05/14 at 8:40 AM, revealed she was not the Administrator when Employee #9 was hired in 2012. She stated the Administrator at the time still worked for the company, but at a different facility. She stated since Genesis took over the facility they had stepped up the interviewing process. She stated someone from corporate did all the screens including reference checks then they told them if they could hire the person. Interview with the previous Administrator, on 06/05/14 at 11:28 AM, via telephone revealed he remembered hiring employee #9 and remembered she had worked in another state in a Long Term Care facility and believed a reference check had been completed. He had no explanation of why it was not in the employee file.	F 226	misappropriation. A posttest will be completed to validate understanding by 7/10/14. The Administrator will review and sign all completed reference checks prior to hire. 4. The files of newly hired staff will be audited by the Administrator weekly x8 weeks and then monthly x1 month to determine that reference checks are completed and documented prior to hire. Any concerns identified will be corrected at that time and then reported to the facility monthly Performance Improvement Committee by the Administrator for 6 months for further review and recommendation. 5. Completion date 7/11/14.	

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