

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2020
NAME OF PROVIDER OF SUPPLIER BELLE VIEW ESTATES REHABILITATION AND CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1052 OLD WARREN ROAD MONTICELLO, AR 71655	
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 F 0569	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview the facility failed to ensure residents personal funds were issued to the payee in a timely manner for 1 (Resident #1) who was discharged and owed a refund for services. This failed practice had the potential to affect all 49 residents according to the Resident Census and Conditions of Residents provided by the Minimum Data Set Coordinator on 08/20/2020. The findings are: Resident # 1 was admitted to the facility on [DATE] and was discharged on [DATE]. a. On 8/21/2020 at 11:59 p.m., The Business Office Manager (BOM) was asked, Do you remember Resident #1? She stated, Yes. She was asked, Can you explain his payment source during his stay? She stated, Up front he paid private. I sent the money to the bank. From the bank it goes to our corporate office. I have to complete a request form for the refund, then send to our corporate office. If the family lives in the city I usually call them and ask if they would like to pick up the check or prefer, I mail the check. At the time of his discharge his money had already been sent to corporate. She was asked, How soon should the money be returned to the payee? She stated, I try to have it done within 30 days. She was asked, Do you mean 30 days from the resident's discharge date ? The BOM stated, Yes. The BOM was asked, What date was the refund request made and who requested the refund? She stated, I can't remember the exact date or who requested the money. I will have to go look for it in the shed. b. On 08/21/2020 at 12:39 p.m., the Manual Check Request provided by the BOM documented, 06/17/2020 Belle View Estates (Resident #1) . Relation to Resident . spouse . overpayment/ (and or) refund . Refund information - Payer Class: Hospice PVT (Private) Pay - Check amount \$4070.00 -Supporting Documents Aging Report . Per . Do & (and) sent to her ASAP . c. On 8/21/2020 at 1:37 p.m., the Administrator was asked, What do you know about the resident refund request? She stated, Only what the Business Office Manager just told me. She was asked, When was the first request for the refund? The Administrator stated, I am not sure. They never talked to me. They always talk to the Business Office Manager. She was asked, How soon should a request for a refund be mailed and received by the requestor? She shrugged her shoulders. The Administrator was asked, Should a refund request be submitted and mailed in a timely manner? She stated, Yes ma'am. d. A PES Belleview document provided by the BOM on 08/21/2020 documented, Invoice (Resident #1) 07/10/2020 4,070.00 . Check (Resident #1) Check (Number) 07/10/2020 -4707.00 Balance 0.00. e. The facility had no policy and procedure for refunding personal funds.</p>		
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.