

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525386	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2020
NAME OF PROVIDER OF SUPPLIER ASHLAND HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP 1319 BEASER AVE ASHLAND, WI 54806	
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 - Potential for minimal harm Residents Affected - Many	<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 staff interview and record review, the facility did not ensure 5 residents (R) (R1, R2, R3, R4 and R5) of 6 sampled residents reviewed for conveyance of resident funds, had funds returned to the POA, family, or estate within 30 days of resident death. The facility did not have a process in place to ensure resident funds were conveyed within 30 days of death or discharge. Findings include: On [DATE] at 9:00 a.m., Surveyor toured facility. After tour completed, a sample of residents was chosen from a list of discharged /expired residents during time frame of [DATE] to [DATE]. This list included R1, who is noted in the complaint. Surveyor reviewed R1's record. R1 was admitted to the facility on [DATE]. Resident expired [DATE]. Surveyor reviewed R1's account history. The private pay total in account as of [DATE] was \$1,497.03. The total amount from private co-insurance B was \$606.97. The total amount from insurance co-insurance B was \$0.06. The log activity lists each item as a credit. The total designated for refund is \$2,104.06. Written in pen on the bottom of the account history print-out is a note that stated, Refund requested. The log activity does not document any conveyance of funds to the Power of Attorney (POA). On [DATE] at 12:15 p.m., Surveyor interviewed the Business Office Manager (BOM) C. Surveyor asked BOM C why R1's funds had not been conveyed within 30 days after her death. The BOM stated, Everyone assumed the check was sent out. BOM C stated there was some confusion with R1's case because R1 was listed as private pay, but a payment to the facility was received from a co-insurance. The facility had to investigate to ensure the payment received was legitimate. BOM C stated the payment was legitimate. Surveyor asked if the facility inquired as to the status of the refund. BOM C stated, No. BOM C stated the Director of Revenue has to approve the refunds. BOM C stated she contacted the Director of Revenue on this date of [DATE] and the refund was approved. BOM C stated she contacted the corporate accounts payable individual to inquire about expediting the refund check to the POA. Surveyor asked BOM C if the accounts payable individual indicated a specific date or time frame in which the refund would be sent to the POA. BOM C stated there was no time frame indicated. Surveyor asked BOM C if the POA for R1 was contacted with the new information regarding the refund. BOM C stated, No. Surveyor reviewed R2's record. R2 was admitted to the facility [DATE]. R2 expired [DATE]. Surveyor reviewed R2's account history. R2 had an amount of \$382.04 in resident funds. Notation on the bottom of the account history print-out stated, Refunding back to estate recovery. The account history had no documentation of conveyance of funds. State of Wisconsin Notification of Death-Accounting of Estate Funds form completed. Accounting of Estate Funds form had no date to indicate when the form was completed. Surveyor interviewed BOM C. Surveyor asked BOM C why the funds have not been conveyed. BOM C stated the facility is waiting for the estate recovery. Surveyor asked BOM C if the facility had made an inquiry to the State of Wisconsin-Accounting of Estate of Funds to find out the status of the refund. The BOM C stated, No. Surveyor asked when the Accounting of Estate Funds form was completed, since the form does not have a date on it. BOM C stated she did not know. Surveyor asked BOM C if the facility keeps a log to track when the forms are completed and when notification is received. BOM C stated, No. Surveyor reviewed R3's record. R3 was admitted to the facility [DATE]. R3 expired [DATE]. Surveyor reviewed R3's account history. R3 had an amount of \$666.74 in resident funds. Notation on the bottom of the account history stated, Waiting on central billing to clear debit balances. Then notification was sent once received back with ok to send refund in. A State of Wisconsin-Accounting of Estate of Funds form was completed. No date on form as to when form completed. Surveyor interviewed BOM C. Surveyor asked BOM C why R3's funds have not been conveyed. BOM C stated the facility is waiting for central billing to clear the debit balance. Surveyor asked if an inquiry had been made to central billing regarding the balance. The BOM C stated, No. Surveyor asked BOM C if the facility tracks inquiries on balances/debts to central billing to ensure timeliness of resident refunds. BOM C stated, No. Surveyor reviewed R4's record. R4 was admitted to the facility on [DATE]. R4 expired [DATE]. Surveyor reviewed the account history and R4 had an amount of \$300.00 in resident funds under private pay. A notation on the bottom of the account history print-out stated, Per policy waiting on co-insurance B claim to be paid. Once paid can refund credit to family. The account history reads in part, XXX[DATE]-Template updated to co-insurance. Unbilled transactions: included, amount due updated: from \$1561.93 to \$867.28. [DATE]-Template updated to co-insurance. Unbilled transactions: included, amount due updated from \$867.28 to \$856.42. [DATE]-Claim was never billed, will be denied for timely insurance co-insurance B. [DATE] claim. [DATE]-Claim wasn't billed, too late to submit, will deny for timely. Surveyor interviewed BOM C. Surveyor asked BOM C why resident funds have not been conveyed. BOM C stated the facility is waiting on the co-insurance B to be paid first. Surveyor asked BOM C if the facility had made an inquiry to the payment to ensure timeliness. BOM C stated, No. BOM C did state the facility had to re-file the claims a couple of times, but she did not know why. Surveyor reviewed R5's record. R5 was admitted to the facility on [DATE]. R5 expired [DATE]. Surveyor reviewed R5's account history. R5 had \$241.57 in resident funds. Notation on bottom of account history print-out stated, Ready for refund final payment received for co-insurance B. Partial credit refunded. [DATE] ck# 1716, \$6291.99. Surveyor interviewed BOM C. Surveyor asked BOM C why R5's funds have not been conveyed, since R5 expired [DATE]. BOM C stated the facility was waiting for final payment from co-insurance B. Surveyor asked BOM C if inquiry had been made to co-insurance regarding payment. BOM stated, No. BOM C did provide an additional log activity dated [DATE] with updated amount of \$34.07 from co-insurance B. BOM C stated she would request the resident fund amount of \$241.57 this week, so family would be able to receive that amount. Surveyor reviewed another resident account, which showed no delays in conveyance of resident funds within 30 days following resident's death. Surveyor reviewed the facility's Resident Refunds/Security Deposit Policy. The policy states in part, It is the responsibility of the Executive Director to ensure that credit balances are validated and refunded in accordance with the procedures outlined by this policy. All refunds will be reviewed and approved by the Executive Director and Director of Revenue Cycle Management (SVP of Revenue Cycle Management if >\$500) to ensure the validity and propriety of refunds issued. The policy states in part, At 1p.m. every Monday, CLA's Shared Services Center will run a report of all refunds outstanding. This file (including Vendor names, amounts, and the facility affected will be sent to the Director of Finance. Surveyor reviewed Resident Council Meeting minutes for the last 3 months and no concerns identified. Surveyor reviewed the facility Grievance/Complaint file since last survey on [DATE] and no concerns identified. On [DATE] at 1:00 p.m., Surveyor informed Nursing Home Administrator (NHA) A of the above findings. NHA A did not provide any additional information regarding the above findings.</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.