

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015448	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/14/2023
NAME OF PROVIDER OR SUPPLIER South Hampton Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 213 Wilson Mann Road Owens Cross Roads, AL 35763	
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)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, document review, facility policy review, and review of the facility's investigation file, the facility failed to ensure residents' funds were not misappropriated for 13 (Residents #15, #18, #34, #376, #377, and #425 - #432) of 13 residents reviewed for misappropriation of funds. The facility determined Business Office Manager (BOM) #3 misappropriated funds from 13 residents and \$18,591.57 was refunded to the residents' trust accounts.</p> <p>Findings included:</p> <p>A review the facility policy titled, Abuse Prevention Program - Abuse, Neglect and Exploitation, with a revised date of [DATE], revealed, under .It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property . The policy indicated, .Misappropriation of Resident Property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent .</p> <p>A review of the facility's investigation documentation revealed an investigation summary letter, dated [DATE] and signed by the Administrator (ADM), that indicated an initial report for an allegation of misappropriation of property of resident funds had been submitted to the state survey agency on [DATE]. The report was related to an individual who had not been admitted to the facility (Resident #74), but whose family had made a deposit for room and board in anticipation of the resident's admission. The letter indicated an audit review of the resident trust fund account revealed Business Office Manager (BOM) #3 moved a portion of that money from the prospective resident's trust fund to the facility's petty cash account. The facility was unable to account for the funds from there. The letter indicated this was discovered during an unrelated investigation into BOM #3's actions related to the facility's accounts receivable (A/R). Upon discovery of the A/R discrepancies, BOM #3 was suspended, interviewed, and subsequently terminated. BOM #3 confirmed she manipulated the A/R to clean up the books. The investigation summary letter indicated that based on the facility investigation, the facility substantiated the allegation that misappropriation occurred, and appropriate corrective action was taken by the facility. The total dollar amount suspected to have been misappropriated or unaccounted for was redeposited into the aggregate trust account as of [DATE].</p> <p>Review of a facility document signed by the ADM and dated [DATE], indicated a third-party audit of the resident trust fund account was conducted and identified the following resident accounts were misappropriated - Residents #15, #18, #34, #376, #377, and #425 - #432.</p> <p>On [DATE] at 3:25 PM, an interview was conducted with the ADM. The ADM stated Resident #74 died in (continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 015448	Facility ID: 015448 If continuation sheet Page 1 of 3

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>the hospital before being admitted to the facility. The family had already paid for the resident to come to the facility, and the money was put in a trust in the resident's name.</p> <p>An interview with the [NAME] President (VP) of Operations on [DATE] at 1:53 PM revealed BOM #3 adjusted the resident accounts, and over a five-year period, BOM #3 embezzled (misappropriated) over \$187,000 from the facility. The VP of Operations stated \$18,591.57 was refunded to the residents' trust accounts.</p> <p>An interview with the ADM on [DATE] at 2:23 PM revealed the facility was unable to determine exactly how many residents were affected, but the ADM indicated the audit findings from the outsourced company indicated 13 residents were affected by the missing funds.</p> <p>During a telephone interview on [DATE] at 4:16 PM, the Regional Financial Specialist indicated she performed audits every 30 to 60 days and there had been no discrepancies with the resident trust accounts.</p> <p>This deficient practice was cited as a result of the investigation of complaint/report #AL00041754.</p> <p>*****</p> <p>A review of the facility's Performance Improvement Plan (PIP) indicated the following measures were implemented to correct the identified deficient practice:</p> <ul style="list-style-type: none"> -The facility self-identified inconsistencies with credit balances, and self-identified checks that were cashed to resident petty cash but were unaccounted for in the bookkeeping. - BOM #3 was terminated on [DATE]. -An in-house audit was initiated by the Corporate Accountant on [DATE]. -A police report was filed on [DATE]. The Social Services Director (SSD) was suspended pending investigation on [DATE]. -An audit was outsourced to a third-party accounting firm on [DATE]. -The Department of Public Health was notified of an allegation of misappropriation of residents' funds on [DATE]. -A police investigation was initiated by the local police department on [DATE]. -Staff were in-serviced regarding misappropriation of resident funds on [DATE]. -Accounting policies were revised and implemented with in-service training provided to the appropriate personnel on [DATE]. -Monitoring for compliance and effectiveness of the plan for six months and to continue monthly when petty cash was replenished. <p>*****</p> <p>(continued on next page)</p>		

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