STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105679	A. Building B. Wing	08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regents Park of Sunrise	9711 W Oakland Park Blvd Sunrise, FL 33351

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 - Some	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** 36057 Based on interviews and record review, the facility failed to ensure residents funds account were disbursed in 30 days to the representative after the residents' death for 3 of 3 sampled residents, Resident #1, #2 and #3. The findings included: Review of the facility's policy, titled, Resident Personal Funds, date implemented [DATE], documented, in part, .conveyance upon discharge, eviction, or death: upon discharge, eviction or death of a resident with a personal fund deposited with the facility, the facility will convey within 30 days the resident's funds and a final account of those funds to the resident, in case of death, the individual or probate jurisdiction administering the resident's estate, in accordance with State law. 1. Review of Resident #1 clinical record documented an admission on [DATE] and an expiration date of [DATE] in the facility. Review of the resident's nursing noted dated [DATE] documented .nurse was called inside patient's room, resident was assessed and noted with no pulse, no respiration .Rescue called in, and pronounce patient's death. Review of the resident's profile record documented the resident had a Power of Attorney (POA) listed on the record. On [DATE] at 12:05 PM, an interview was conducted with the Business Office Manager (BOM) who stated she had been working at the facility as BOM since ,d+[DATE]. she stated her role included management of the residents' personal funds account utilizing the Resident Funds Management System (RFMS). The BOM stated the facility had a new owner effective [DATE] and was waiting for the RFMS accounts to merge. The BOM stated that as of [DATE], the merged had not been completed. On [DATE] at 12:35 PM, a side-by-side review with the BOM of the Resident #1's Resident Fund Management Services (RFMA) account report, provided by the BOM, dated [DATE] through [DATE], was conducted. The report documented an entry described as Care Cost Payment with amount of $165 debited to account [# provided]. The BOM was asked why the account number was different from all other debited monies (account # provided]. She stated she was not working back then and did not know what happened. Further review revealed that Resident #1's account was closed dated [DATE], and a check had been disbursed to POA dated [DATE]. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The BOM stated Resident #1's POA came to the facility every day, every week, was always in touch with the BOM regarding the funds and was given a copy of the statement when she was in the building. The BOM added the POA was handling everything for the resident. The BOM stated Resident #1 had $394.86 when the account was closed, and the account was transferred from old owner to the facility's new owner in [DATE]. The BOM stated she did not have access to the resident's old account system and the new owner was effective [DATE] and some records did not transfer over. The BOM stated the POA got a refund for $130 prepared on [DATE], added she remembered the daughter calling her because the check was made out on the resident's name and she called to have it redone. The refund was made because of the company owner change and every account with a credit had to be refunded. The BOM was asked why it was taking so long to refund / disburse Resident #1's funds to the POA. The BOM stated the facility was waiting for everything to merge. The BOM was asked regarding the timeline to refund funds and stated it had to be done in 30 days. 2. Record review of Resident #2's nursing note dated [DATE] documented Resident's granddaughter is informed that resident has expired. The clinical record documented a granddaughter as an emergency contact #1, Son as an emergency contact #2 and a daughter-in-law as an emergency contact #3. On [DATE] at 12:45 PM, a side-by-side review of Resident #2's RFMA was conducted with the BOM that revealed the resident had a current balance account for the amount of $100.02. The BOM stated Resident #2 was admitted to the facility on [DATE], was on hospice care and had expired in the facility on [DATE]. The BOM was asked if she sent a letter to the resident representative regarding the account funds and replied that the account was still open, and she had not sent a letter to the representative. The BOM stated she usually closed the account right then and there and I own this one. The BOM stated she does not send letters out. 3. Record review of Resident #3's nursing progress notes dated [DATE] documented Called [hospital] ED [Emergency Department] and spoke with [staff name]. He informed this writer that the resident was still in the ED but would be admitted to the Progressive Care Unit with diagnoses of Pneumonia and Sepsis. The clinical record documented a cousin as the responsible party / guardian and emergency contact. On [DATE] at 1:05 PM, a side-by-side review of Resident #3's RFMA was conducted with the BOM that revealed the resident had current balance account for the amount of $63.03. The BOM stated Resident #3 was admitted to the facility on [DATE], was transferred to a local hospital on [DATE] and did not return to the facility and was told the resident had expired. The BOM was asked if she sent a letter to the resident representative regarding the account funds and replied that the account was still open and did not send a letter to the representative. (continued on next page)

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F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The BOM stated Resident #3's funds account was still open. She would be sending to unclaimed property since there was no POA on file. The BOM stated there was a cousin as an emergency contact on file and she did not know if she had POA papers. On [DATE] at 1:45 PM, a joint interview was conducted with the Administrator and the BOM. The Administrator was asked for the regulation regarding timeline to refund resident's funds and stated 30 days. The Administrator was apprised of the findings. The Administrator stated the facility's transition to new owner happened in [DATE].

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36057 Based on interviews and record review, the facility failed to making prompt efforts to resolve a resident's Power of Attorney (POA) grievance sent on [DATE], as evidenced by the lack of written documentation of follow-up communication with the representative until the representative sent another communication on [DATE], for 1 of 3 sampled residents, Resident #1. The findings included: On [DATE] at 12:05 PM, an interview was conducted with the Business Office Manager (BOM) who stated she had been working at the facility as BOM since ,d+[DATE], and her role included management of the resident's personal funds account utilizing the Resident Funds Management System (RFMS). The BOM stated the facility had a new owner effective [DATE] and was waiting for the RFMS accounts to merge, and added, that as of [DATE], the merged had not been completed. The BOM stated that Resident #1 was admitted to the facility on [DATE] and had expired in the facility on [DATE]. The BOM stated the resident's Power of Attorney (POA) was aware of the merge. The BOM was asked to submit letters or written evidence of communicating with the resident's POA regarding Resident #1's funds reimbursement. The BOM stated she did not send the POA a letter but had an electronic communication from the POA. A side-by-side review of Resident #1's POA electronic communication to the Administrator dated [DATE] documented, I need assistance in getting in touch with your home office .Resident name (Resident #1) passed away on [DATE] still has a trust account that I am trying to close and receive the remaining funds .let me know what needs to be done . The BOM's response via electronic communication dated [DATE] documented, .had previously explained we had to transfer funds from the old owners to the new owner's bank .everything has been finalized .account has been closed today. It takes about 24 hours to update, and the account will be closed. Once the account is closed, I will be able to issue the payment . A side-by-side review of the resident's POA's electronic communication to the Administrator and the BOM dated [DATE] documented, Please provide me with an update on the status of check for closed account (Resident #1). The POA-mailing address was noted. The BOM's response dated [DATE] documented, I will have the check ready for pick up this week. I will call you Monday to coordinate a time or I can put it in the mail. The resident's POA response dated [DATE] documented, please mail to address below and make check payable to . During the review, the BOM was asked what happened from [DATE] since the POA request for assistance and there was no response to her request until she contacted you again on [DATE]. The BOM stated they were waiting for the merge of the funds accounts from the old owner to the new owner. The resident's POA reimbursement check was dated [DATE].