

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2026
NAME OF PROVIDER OR SUPPLIER Fulton Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 847 County Highway 122 Gloversville, NY 12078	
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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** Based on record review and interview during an abbreviated survey (Case #455653), the facility did not ensure a final accounting of resident funds to the probate jurisdiction (a court that hears matters surrounding a person's death) administering the resident's Estate, within 30 days of the resident's death in accordance with State law for 1 resident (Resident #1) of 3 resident reviewed for transfer of personal funds upon death to the probate jurisdiction administering the resident's Estate. Specifically, Resident #1's date of death was [DATE]. A check dated [DATE] issued by the facility from the Resident Fund Trust Account was paid to the order of New York State Department of Health. This was evidenced by: The Policy and Procedure titled, Resident Funds Accounts (RFA) created 8/2014 and last updated 8/2020 documented upon the death of a resident: a. Unutilized resident funds and a final accounting of those funds shall be conveyed to the appointed executor or administrator of the resident's estate within thirty (30) days. b. In the absence of an executor or administrator of the estate, the County Public Administrator shall be the designated receiver of such resident funds. The Facility shall convey the balance of the resident's funds, and a final accounting of such funds, within thirty (30) days. c. Where applicable, the Facility shall turn over the funds in accordance with requirements of the Surrogate Court Procedure Act Section 1310. A statement dated [DATE], signed by facility's Finance Director documented when Resident #1 passed away [DATE], company policy was to wait 6 months. In [DATE], they mailed a check to the County Department of Social Services that oversaw Resident #1's Medicaid. The Department of Social Services called them and stated they were returning the check because the county no longer accepted Personal Needs Account funds, and they would include a letter with the address where the check was to be sent. The returned Personal Needs Account check was voided, and a new check was to be sent to the address provided. A letter from the County Attorney (the same county as the Department of Social Services) dated [DATE] documented the county no longer accepted Personal Needs Account checks for Medicaid reimbursement. It was to be sent to New York State Department of Health at the address provided. A copy of a check dated [DATE] from the Resident Fund Trust Account, was paid to New York State Department of Health in amount of \$10,785.41 to close Resident #1's account. A New York State Department of Health email from the Division of Legal Affairs to the New York State Department of Health Complaint Resolution Unit, documented funds of a deceased resident must be returned within 30 days of their death. During an interview on [DATE] at 2:00 PM, Director of Finance #1 stated they were new to the position when this incident occurred and there was some confusion as to where and when the money should have been sent, along with some family dynamic issues that caused problems with disbursement of the funds. They have been able to learn the process and have not had any issues since this incident in 2022. 10 New York Codes, Rules, and Regulations 415.26(h)(5)</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
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