STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375317	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Hills Living & Rehabilitation Center	411 North West Street McAlester, OK 74502

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** Based on record review and interview, the facility failed to convey funds to next of kin within 30 days of death for 3 (#8, 9, and #10) of 3 expired residents whose trust fund accounts were reviewed for conveyance of funds. The administrator identified 16 residents with funds in the facility. Findings: A facility policy titled Refunds, revised 04/2017, read in part, Within thirty (30) days of a resident's discharge or death, the facility will refund the resident's personal funds and provide a final accounting of those funds to the resident, the resident's representative or to the resident's estate, as applicable.Should a resident pay for services which then retroactively become Medicare/Medicaid eligible, the facility will promptly refund the amount charged to the resident for those services as soon as the facility receives the intermediary's payment. 1. A discharge assessment for Resident #8, dated [DATE], showed the resident expired in the facility on [DATE]. A handwritten ledger titled Ledger Sheet for Recipient's Account showed Resident #8 had a trust fund balance as follows:a. [DATE] - $300.04;b. [DATE] - $1831.14 (change denoted a deposit of $1531.00 and interest applied to the account);c. [DATE] - $1831.36 (change denoted interest applied to the account); d. [DATE] - $300.38 (change denoted refund to social security of $1531.00 and interest applied to the account); ande. [DATE] - $0.02 (change denoted a check made out to Heritage Hills for $300.36 on [DATE]). On [DATE] at 4:35 p.m., the administrator stated they were initially told by the owner of the facility that Resident #8 still owed the facility for services rendered but after careful review, they determined Resident #8 did not owe the facility and was due a refund of $300.38. The administrator stated they were not the administrator when the resident expired and did not know the disposition of funds from the trust account was part of their responsibilities. 2. A discharge assessment for Resident #9, dated [DATE], showed the resident expired in the facility on [DATE]. A handwritten ledger, titled Ledger Sheet for Recipient's Account showed Resident #9 had a trust fund balance as follows:a. [DATE] - $831.37;b. [DATE] - $2276.51 (change denoted receipt of social security funds and interest applied to account);c. [DATE] - $831.56 (change denoted refund to social security and interest applied to account);d. [DATE] - $831.66 (change denoted interest applied to account); ande. [DATE] - $831.81 (change denoted interest applied to account). On [DATE] at 4:35 p.m., the administrator stated they were not the administrator when the resident expired and did not know the disposition of funds from the trust account was part of their responsibilities. 3. A discharge assessment for Resident #10, dated [DATE], showed the resident expired in the facility on [DATE]. A handwritten ledger, titled Ledger Sheet for Recipient's Account showed Resident #10 had a trust fund balance as follows:a. [DATE] - $1559.24;b. [DATE] - $1613.31 (change denoted a $54.00 refund from the Heritage Hills);c. [DATE] - $1613.50 (change denoted interest applied to the account balance);d. [DATE] - $1613.87 (change denoted interest applied to the account balance); ande. [DATE] - $0.08 (change denoted a check made out to Heritage Hills for $1613.79 on [DATE]). On [DATE] at 4:35 p.m., the administrator stated they handled the monthly disposition of funds to each resident, but the facility owner kept the accounting books and determined what was owed by or due to the facility from each resident. The administrator stated they did not know why the owner wrote a check out to Heritage Hills for $1613.79 of Resident #10's funds six months after the resident expired.

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