

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395620	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2024
NAME OF PROVIDER OR SUPPLIER Cedar Hill Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 951 Brodhead Road Coraopolis, PA 15108	

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 - Potential for minimal harm</p> <p>Residents Affected - Some</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** 46336</p> <p>Based on review of facility policy, clinical records, resident fund account statements and staff interview it was determined that the facility failed to convey resident funds and closed account upon discharge or death in a timely manner for one of five resident records reviewed. (Resident R1).</p> <p>Findings include:</p> <p>Review of Code of Federal Regulations (CFR)S483.10(f)(10)(v) indicated conveyance upon discharge, eviction, or death. Upon the discharge, eviction, or death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the resident, or in the case of death, the individual or probate jurisdiction administering the resident's estate, in accordance with State law.</p> <p>The facility Accounting and Records policy dated 4/17/24, indicated monies due residents should be credited to their respective bank accounts within an appropriate timeframe.</p> <p>Review of the admission record indicated Resident R1 was admitted to the facility on [DATE], with the following diagnoses chronic kidney disease (condition where the kidneys lose the ability to remove waste and balance fluids), diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), and depression.</p> <p>Review of Resident R1's progress note dated 12/20/23, indicated the resident was pronounced dead at 8:50 a.m. at the facility.</p> <p>Review of Resident R1's Invoice for [NAME] Period 11/1/23 - 2/15/24, indicated a receipt for Resident Part, Automatic Cash Withdraw (AC) for \$1,226.66 on 1/17/24, and again on 2/15/24, with a resident account balance of \$626.56 remaining (owed to the resident/family).</p> <p>Interview with the Nursing Home Administrator on 8/7/24, at 11:00 a.m. indicated Resident R1 ceased to breath under the old company, indicating a new ownership 3/19/24.</p> <p>Telephonic interview with Resident R1's responsible party on 8/7/24, at 2:00 p.m. indicated he had not received any refund checks from the old company from Resident R1's account as of the present conversation and that his mother had passed away eight months ago.</p> <p>(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
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<p>F 0569</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Interview with Business Office Employee E1 on 8/7/24, at 2:15 p.m. indicated a refund request was sent to the old company and the facility received notice on 5/9/24, at 12:40 p.m. that the refund for \$626.56 was approved, and on 5/9/24, at 2:11 p.m. that the refund check was in queue to print, and finally that it was printed on 5/9/24, at 2:18 p.m.</p> <p>Review of facility provided email communications dated 8/7/24, at 1:09 p.m. indicated the check that was sent to Resident R1's responsible party was check number 951 dated 5/9/24, and that on 8/7/24, at 1:12 p.m. the check hasn't been cleared.</p> <p>Interview on 8/8/24, at 2:20 p.m. the Nursing Home Administrator indicated she was unaware that the refund was not sent timely, and that the facility failed to convey resident funds and closed account upon discharge or death in a timely manner for one of five resident records reviewed. (Resident R1).</p> <p>28. Pa Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18e(4)Management</p> <p>28 Pa. Code 201.29(1)(j)Resident rights</p>		