

BENEFIT AND WELFARE OF THE PATIENT UNLESS THE EXPENDITURES ARE CONSISTENT WITH THE EXPRESSED WISHES OF THE PATIENT AND WITH PAST BEHAVIOR OF THE PATIENT, ~~AND DO NOT PREVENT THE PATIENT'S NEEDS FROM BEING FULLY MET BY HIS AVAILABLE RESOURCES.~~

(B) EVERY FACILITY SHALL MAINTAIN ADEQUATE SAFEGUARDS OF PATIENTS' MONEYS AND VALUABLES ENTRUSTED TO THE FACILITY'S CARE.

(C) A FACILITY SHALL MAINTAIN AN ACCOUNT SEPARATE FROM THE ACCOUNTS OF THE FACILITY FOR ALL MONEY WHICH IS ENTRUSTED TO IT BY ANY OF THE PATIENTS. A PATIENT IS NOT LIABLE FOR ANY ACT OR FAILURE TO ACT BY THE FACILITY CONCERNING THE FINANCES OF THE FACILITY OR THE PATIENT.

(D) A FACILITY SHALL MAINTAIN ON THE PREMISES RECORDS OF ALL TRANSACTIONS CONCERNING PATIENTS' FUNDS IN ACCORDANCE WITH DEPARTMENT GUIDELINES AND SHALL BE SUBJECT TO AUDIT IN ACCORDANCE WITH REGULATIONS ISSUED BY THE DEPARTMENT, AND SHALL MAKE AN ACCOUNTING TO THE PATIENT OR THE PERSONAL REPRESENTATIVE FOR THE PATIENTS' FUNDS.

(E) A PATIENT MAY ALWAYS RETAIN CONTROL OVER HIS FINANCIAL TRANSACTIONS UNLESS DECLARED INCOMPETENT BY A COURT IN ACCORDANCE WITH THE PROVISIONS OF THE ESTATES AND TRUSTS ARTICLE OF THE CODE, EXCEPT WHEN THE SOCIAL SECURITY ADMINISTRATION HAS DESIGNATED A REPRESENTATIVE PAYEE TO RECEIVE THESE SOCIAL SECURITY FUNDS FOR THE USE AND BENEFIT OF THE PATIENT. A PATIENT MAY APPOINT THE ADMINISTRATOR OF THE INSTITUTION OR THE ADMINISTRATOR'S DESIGNEE OR ANOTHER PERSON OF THE PATIENT'S OWN CHOOSING TO HANDLE FINANCIAL TRANSACTIONS.

(F) ANY PERSON WHO HAS REASON TO BELIEVE THAT THERE HAS BEEN ABUSE OF A PATIENT'S FUNDS MAY MAKE A WRITTEN OR ORAL COMPLAINT SETTING FORTH THE REASONS WHY THE COMPLAINANT BELIEVES THAT THE PATIENT'S FUNDS ARE BEING ABUSED AND THE FACTS IN THE COMPLAINANT'S POSSESSION SUPPORTING THE COMPLAINT. THE COMPLAINT SHALL BE MADE TO:

(1) THE LOCAL DEPARTMENT OF SOCIAL SERVICES IN THE COUNTY IN WHICH THE FACILITY IS LOCATED; OR

(2) IF THE PATIENT IS 65 YEARS OF AGE OR OLDER, TO THE DIRECTOR OF THE STATE OFFICE ON AGING. IF THERE IS NO LOCAL OFFICE TO REPORT TO THEN THE COMPLAINT MAY BE MADE TO THE LOCAL DEPARTMENT OF SOCIAL SERVICES IN THE COUNTY IN WHICH THE FACILITY IS LOCATED.

(I) UNLESS THE ALLEGED ABUSER OF THE PATIENT'S FUNDS IS THE ADMINISTRATOR OF THE FACILITY IN WHICH THE PATIENT RESIDES AND THE PERSON RECEIVING THE COMPLAINT BELIEVES THAT IT WOULD ADVERSELY AFFECT THE INVESTIGATION, THE PERSON RECEIVING THE COMPLAINT SHALL, UPON RECEIPT OF THE COMPLAINT, IMMEDIATELY NOTIFY THE ADMINISTRATOR OF THE FACILITY OF THE COMPLAINT IN WRITING.