

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/04/2024
NAME OF PROVIDER OR SUPPLIER  Athene Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 13995 Clayton Road Town and Country, MO 63017	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46888</b></p> <p>Based on interview and record review, the facility failed to ensure Resident #2 was free from financial misappropriation resulting in the resident's credit card being taken by two staff members. The census was 134.</p> <p>The Administrator was notified on 6/4/24 of the past non-compliance, which began on 5/31/24. The facility immediately began an investigation of the incident and removed the staff members who misappropriated the resident's funds pending an investigation. The administrator began in-servicing staff on abuse, neglect, and misappropriation. The noncompliance was corrected on 6/3/24.</p> <p>Review of the facility's abuse, neglect and exploitation policy, dated 8/22/22, showed:</p> <p>-Policy: It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property;</p> <p>-Definitions: Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.</p> <p>Review of the facility's investigation, started on 6/1/24, showed:</p> <p>-The Administrator sent the initial self report investigation on 6/1/24 at 6:47 P.M.;</p> <p>-A photo of the text notification received by Resident #1 from his/her bank detailing that a purchase of \$62.20 was made using the resident's credit card on 5/31/24 at 8:35 P.M. from a local area restaurant (Restaurant Z);</p> <p>-A receipt from the Restaurant Z, dated 5/31/24 at 8:30 P.M., confirmed the total amount of \$62.20 was charged to Resident #2's credit card and was ordered by Certified Nursing Assistant (CNA) B;</p> <p>-A receipt showing that CNA A paid for his/her own food with his/her own money,</p> <p>-A written statement from Resident #1, dated 6/3/24, showed he/she went to the vending machine using Resident #2's credit card and left the credit card at the vending machine;</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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-A written statement from Resident #2, dated 6/3/24, showed he/she received an alert from his/her bank that his/her card had been used at Restaurant Z without his/her permission.</p> <p>Review of Resident #1's admission Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 3/28/24, showed:</p> <p>-Cognitively intact;</p> <p>-Diagnoses included diabetes and major depressive disorder.</p> <p>During an interview on 6/4/24 at 7:33 A.M., Resident #1 said Resident #2 is his/her adult child. On 5/31/24 Resident #2 allowed Resident #1 to use his/her card to go to the vending machine for soda. Resident #2 purchased the soda at the vending machine at 7:02 P.M. on 5/31/24. Resident #2 said he/she left Resident #1's card in the vending machine on accident and did not notice until Resident #2 received an alert on his/her phone that his/her credit card was used at Restaurant Z at 8:35 P.M. that evening. Resident #1 said he/she witnessed CNA A, CNA B and CNA C eating from Restaurant Z that evening but did not connect the two together.</p> <p>Review of Resident #2's quarterly MDS, dated [DATE], showed:</p> <p>-Cognitively intact;</p> <p>-Diagnoses included end stage renal disease and muscle weakness.</p> <p>During an interview on 6/4/24 at 7:45 A.M., Resident #2 said he/she noticed his/her credit card was missing. He/She noticed a text message on his/her cell phone from the bank saying his/her credit card had been used at Restaurant Z. He/She called the restaurant to ask who ordered the food and was told the name of who used the card. Resident #2 called the police and reported his/her credit card as stolen.</p> <p>During an interview on 6/4/24 at 10:52 A.M., CNA A said he/she was working passing medication on the evening shift of 5/31/24. CNA B and CNA C approached him/her and asked if he/she would like to order anything from Restaurant Z, as they were ordering food to pick up and bring back to the facility to eat. CNA A ordered food using his/her own money, and CNA B picked the food up from the restaurant. CNA A did not see the CNA B or CNA C using Resident #1's credit card.</p> <p>During an interview on 6/4/24 at 10:11 A.M., the Administrator said that after completing an investigation, he had enough facts and evidence that CNA B and CNA C used Resident #2's credit card at Restaurant Z. He said both CNA B and CNA C were being terminated effective immediately.</p> <p>MO00237004</p>		