

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265312	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/06/2026
NAME OF PROVIDER OR SUPPLIER  Gainesville Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE  77 Medical Drive Gainesville, MO 65655	
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>Based on interview and record review, the facility failed to protect all resident from misappropriation of property when one facility staff member (Environmental Services Employee A) used one resident's (Resident #1) debit card without consent. The facility census was 46. On 12/26/25, the Social Services Worker became aware of the misappropriation. The facility immediately began their investigation, including multiple interviews of other residents and staff. The facility began education on abuse, neglect, and misappropriation of resident's property. The facility removed Environmental Services Employee A from the facility. The facility reviewed all other resident's accounts with a debit card, as well as educated the residents on the process for debit card transactions. The facility reported the misappropriation to the Department of Health and Senior Services (DHSS) and local law enforcement. The noncompliance was corrected on 12/27/25. Review of the facility policy titled, Abuse, Prevention and Prohibition Policy, revised 10/22, showed, the following:-The facility prohibits misappropriation of resident property;-Misappropriation of resident property was defined as the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent. 1. Review of Resident #1's face sheet showed the following:-admission date of 01/30/25;-Diagnoses included chronic obstructive pulmonary disease (COPD - lung condition that blocks airflow, making it hard to breathe), chronic respiratory failure (lungs can't effectively get enough oxygen into the blood or remove the carbon dioxide), myocardial infarction (blood flow to part of the heart muscle is blocked, causing tissue to die), and atrial fibrillation (upper changes of the heart quiver chaotically instead of beating effectively). Review of the resident's quarterly minimum Data Set (MDS - a federally mandated comprehensive assessment completed by facility staff), dated 10/08/24, showed the following:-Cognitively intact;-No behavioral symptoms exhibited;-Resident is independent with oral hygiene, toileting hygiene, upper and lower body dressing and personal hygiene;-Resident requested supervision with showers. Review of the resident's care plan, last revised on 10/28/25, showed the following:-Resident had impaired cognitive function or impaired thought process;-Resident had impaired visual function, ensure resident uses glasses and other supports. Review of the resident's bank statement, dated 11/28/25, showed on 11/03/25, a withdrawal, in the amount of \$103.25, plus a \$2.00 ATM fee. Review of Resident #1's bank statement, dated 12/24/25, showed the following:-On 12/04/25, withdrawals of \$123.25 and \$306.00, plus \$4.00 in ATM fees;-On 12/15/25, Venmo (mobile payment application that lets users send and receive money instantly) payments to Environmental Services Employee A, in the amounts of \$10.00, \$25.00, \$50.00, \$60.00, and \$100.00;-On 12/17/25, Venmo payments to Environmental Services employee A in the amounts of \$5.00, \$10.00, \$50.00, \$50.00, \$50.00, \$100.00, \$100.00, and overdraft fees totaling \$125;-On 12/17/25, overdraft fee of \$25.00. Review of the facility's investigation summary, dated 12/26/25, showed the following:-On 12/26/25, at 1:50 P.M., the resident reported to the Social Services Director (SSD) eh/she had received an insufficient funds notice from his/her bank, and he/she suspected Environmental Services Employee A of taking</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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