

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2024
NAME OF PROVIDER OR SUPPLIER  North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE  2041 Silva Lane Moberly, MO 65270	

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>35615</p> <p>Based on interview and record review, the facility failed to ensure one resident (Resident #1) in a review of six sampled residents, remained free from misappropriation of property when Hall Monitor A took \$40.00 of the resident's money by cash app (an electronic application on a cellular telephone in order to receive and send money electronically). The facility census was 169.</p> <p>On 5/15/24 at 12:40 P.M. the administrator was notified of the past noncompliance which occurred on 5/8/24. On 5/9/24 the administrator became aware of the violation of misappropriation of resident money. Upon discovery, the facility suspended Hall Monitor A, conducted an investigation, and notified appropriate parties. Staff reviewed the facility misappropriation policy, and all facility staff was educated on the facility misappropriation policy. Hall Monitor A was terminated. The deficiency was corrected on 5/14/24.</p> <p>Review of the facility Abuse and Neglect Policy dated 4/30/24 showed the following:</p> <ul style="list-style-type: none"> <li>-The purpose was to outline procedures for reporting and investigating complaints of abuse, neglect, and misuse of funds/property and to define terms of types of abuse/neglect and misappropriation of funds and property;</li> <li>-Misuse of funds/property is the misappropriation or conversion of a resident's funds or property for another person's benefit. This included but was not limited to identity theft, theft of money from bank accounts, theft of money from a resident, unauthorized or coerced purchases of a resident's credit card or from resident's funds;</li> <li>-The facility was committed to protecting the residents from abuse by anyone including but not limited to facility staff, other resident, consultants, volunteers, and staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals;</li> <li>-Employees were trained through orientation and ongoing training or issues related to abuse prohibition practices such as reporting allegations without fear of reprisal, neglect and misappropriation of resident property;</li> <li>-Employees and vendors were required immediately to report any occurrences of potential mistreatment including misappropriation of resident property they observe, hear about or suspect to a supervisor or the administrator.</li> </ul> <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2024
NAME OF PROVIDER OR SUPPLIER  North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE  2041 Silva Lane Moberly, MO 65270	
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>1. Review of Resident #1's care plan, updated 4/30/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Diagnoses of bipolar disorder (mental illness of extreme mood swings from depression to manic highs), autism (a developmental disorder that impaired the ability to communicate and interact), paranoid schizophrenia (mental illness of losing touch with reality, delusions and hallucination), and delusional disorder (mental illness and psychotic disorder that caused people to have trouble distinguishing reality from imagination);</li> <li>-The resident had impaired coping ability and impaired social interaction. Staff should determine the resident's coping methods, evaluate verbal expressions of fear and provide reassurance. Determine underlying cause of low self-esteem, encourage to participate in social situations and monitor for presence of negative thoughts and feelings;</li> <li>-The resident had behaviors related to mental illness that could create disturbances that affected others. Triggers included being misunderstood and being bullied. Staff should utilize the resident's coping skills.</li> </ul> <p>Review of the resident's quarterly Minimum Data Set (MDS, a federally mandated assessment instrument required to be completed by facility staff), dated 4/27/24 showed the following:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-No hallucination or delusions;</li> <li>-Independent in activities of daily Living.</li> </ul> <p>Review of the facility Registered Nurse (RN) Investigation dated 5/10/24 and updated 5/14/24 showed the following:</p> <ul style="list-style-type: none"> <li>-On 5/9/24 it was reported Hall Monitor A was given \$40.00 by Resident #1 and Resident #2 to buy a THC vape pen (a smoking device that contained THC, the primary psychoactive constituent of marijuana);</li> <li>-Resident #2 showed the administrator the \$40.00 cash app transaction between Resident #2 and Hall Monitor A.</li> </ul> <p>Review of Resident #1's written statement obtained by the facility and dated 5/9/24 showed Resident #1 sent Hall Monitor A \$40.00 through Resident #2's cash app and asked Hall Monitor A to purchase a weed vape (THC vape pen).</p> <p>Review of Resident #2's cash app history on 5/15/24 at 12:25 P.M. showed the following:</p> <ul style="list-style-type: none"> <li>-On Wednesday 5/8/24 Resident #2 received a \$40.00 deposit from Resident #1;</li> <li>-On Wednesday 5/8/24 Resident #2 sent Hall Monitor A \$40.00. The funds were accepted.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2024
NAME OF PROVIDER OR SUPPLIER  North Village Park		STREET ADDRESS, CITY, STATE, ZIP CODE  2041 Silva Lane Moberly, MO 65270	
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>During an interview on 5/15/24 at 12:26 P.M., Resident #2 said he/she received \$40.00 by cash app from Resident #1 and then sent the \$40.00 to Hall Monitor A by cash app. Resident #2 did not know what the funds were used for, Resident #1 asked Resident #2 to send Hall Monitor A the \$40.00.</p> <p>During an interview on 5/15/24 at 10:55 A.M. Resident #1 said he/she gave a friend (Hall Monitor A) \$40.00 by cash app, he/she never received anything for the \$40.00 and could not get the money back. He/She was upset because a staff member took his/her \$40.00 and he/she could not get the money back.</p> <p>During an interview on 5/15/24 at 12:40 P.M. the administrator said Resident #2's cash app history showed Resident #1 sent \$40.00 to Resident #2. Resident #2 sent \$40.00 to Hall Monitor A. The transaction was accepted. Hall Monitor A misappropriated Resident #1's \$40.00. Hall Monitor A was terminated for misappropriation of a resident's money. Staff should not accept or take money from any residents.</p> <p>MO 00235934</p>		