

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265337	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/24/2024
NAME OF PROVIDER OR SUPPLIER  Pacific Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  105 South Sixth Street Pacific, MO 63069	

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>18236</p> <p>Based on record review and interview, facility staff failed to prevent the misappropriation of funds for one resident (Resident #1) out of four sampled residents, when Housekeeper A stole the Resident #1's wallet and used his/her debit card without the resident's consent consent. The facility census was 54.</p> <p>1. Review of the facility's Abuse, Neglect, Exploitation or Mistreatment Policy and Procedure, undated, showed it is the right of residents to be free from abuse, neglect, exploitation or mistreatment, misappropriation of resident property, corporal punishment, and involuntary seclusion. The facility is committed to protecting residents from mistreatment, neglect, abuse and exploitation by anyone including but not limited to, facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians, friends or any other individuals. Misappropriation is defined as the deliberate misplacement, exploitation or wrongful, temporary or permanent, use of a resident ' s belongings or money without the resident ' s consent.</p> <p>2. Review of Resident #1's admission Minimum Data Set (MDS), a federally mandated assessment tool, dated 3/25/24, showed staff assessed the resident as cognitively intact and without inattention, disorganized thinking, or altered level of consciousness.</p> <p>Review of the facility's investigation, dated 5/6/24, showed the resident reported his/her wallet which contained his/her debit card missing. Review showed the facility contacted the Department of Health and Senior Services and the local police department to report the incident. Review showed staff reviewed the resident's bank records and confirmed the debit card recently used. Review showed staff documented the local police obtained a photo of Housekeeper A at a location at a gas station with the resident's debit card and he/she had used it as the payment method.</p> <p>Review of the local police department's investigation report, dated 5/22/24, showed on 5/6/24 the investigator reviewed a printout of the resident's unauthorized bank account transactions from three different local businesses. Review showed the investigator contacted one of the local businesses who confirmed the resident's debit card was used for multiple transactions and identified the user as Housekeeper A. Review showed the investigator returned to the facility and confirmed Housekeeper A was an employee from the facility who had access to the resident's room. Review showed the investigator interviewed Housekeeper A and he/she admitted he/she took the residents wallet without permission. Review showed the Housekeeper informed the investigator he/she used the resident's debit card without permission.</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>Review of the resident's bank account transactions, from 5/3/24 through 5/6/24, showed seven unauthorized transactions which totaled \$308.96.</p> <p>During an interview on 5/6/24 at 12:45 P.M., Resident #1 said this morning he/she noticed his/her wallet missing from his/her purse which was stored in the second drawer of his//her bedside table. The resident said he/she did not recognize any of the recent charges reported to him/her by the bank from a debit card that was in his/her wallet. The resident said he/she gave no one permission to use his/her debit card.</p> <p>During an interview on 5/6/24 at 12:40 P.M., the administrator said the resident reported his/her wallet missing and the social worker and the resident contacted the bank and found out someone had used the resident's debit card recently at a gas station.</p> <p>During an interview on 5/14/24 at 9:22 A.M., the administrator said police found Housekeeper A had used Resident #1's debit card on a gas station's surveillance camera and used the debit card to purchase lottery tickets.</p> <p>MO00235742</p>