

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265339	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER Alpine Breeze Health and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 6124 Raytown Road Raytown, MO 64133	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to prevent the misappropriation of one sampled resident (Resident #1). Certified Nurses Aide (CNA) A used CashAPP (a mobile payment service that allows users to send, receive and store money digitally) for multiple withdrawals totaling \$617.89 from the resident's bank account out of nine sampled residents. The facility census was 112 residents.</p> <p>On 1/24/25, the facility administration was notified of the past noncompliance which occurred on 1/11/25. Facility staff had subsequently been educated on abuse, neglect and exploitation protocols, resident belongings, and transactions involving resident funds. The money missing from the resident's account was replaced. The deficiency was corrected on 1/13/25.</p> <p>Review of the facility's Abuse, Neglect and Exploitation policy dated 8/22/22 showed:</p> <ul style="list-style-type: none"> -It was 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. -Misappropriation of Resident Property meant the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent. <p>Review of the facility's Resident Personal Belongings policy dated 9/1/22 showed:</p> <ul style="list-style-type: none"> -It was the policy of the facility to protect the resident's right to possess personal belongings while in the facility and assure the personal belongings and/or possessions were rightfully returned to the resident or the resident's representative in the event of the resident's discharge from the facility or death. -The facility would exercise reasonable care for the protection of the resident's personal property from loss or theft. <p>Review of the facility's Transactions Involving Resident Funds or Property policy dated 3/12/24 showed:</p> <ul style="list-style-type: none"> -It was the practice of the facility that any time there was a transaction involving resident funds, the resident must be provided a receipt for such transaction. Copies of each transaction were filed in the business office. <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>-The facility would not utilize the resident's credit or debit card or non-cash forms of payment on personal devices.</p> <p>-No facility employee should knowingly exploit resident property.</p> <p>1. Review of Resident #1's admission Record face sheet dated 1/21/25 showed he/she was admitted to the facility on [DATE] and he/she was his/her own responsible party and he/she did not have a guardian or power-of-attorney.</p> <p>Review of the resident's Brief Interview for Mental Status Evaluation (BIMS) dated 12/2/24 showed he/she was cognitively intact.</p> <p>Review of the resident's facility Care Plan dated 1/11/24 showed:</p> <p>-He/She was recently financially exploited.</p> <p>-He/She felt distrustful and angry over the event.</p> <p>-The goal was that re-traumatization would be avoided.</p> <p>-Interventions included: educating the resident on risks of giving others access to financial information; psychiatric evaluation as needed and referral to social services department as indicated.</p> <p>Review of the resident's Trauma Informed Care document dated 1/11/25 showed:</p> <p>-He/She was the involved resident.</p> <p>-He/She was financially exploited recently which left him/her feeling distrusting of other and angry.</p> <p>-This affected his/her overall health and well-being.</p> <p>Review of the resident's Progress Notes dated 1/11/25 showed:</p> <p>-An Interdisciplinary Team (IDT) meeting was held for alleged misappropriation of funds, primarily a debit card belonging to the resident.</p> <p>-An investigation was initiated immediately.</p> <p>-The Administrator, Director of Nursing (DON), family member, physician, local police department and Centers for Medicare and Medicaid Services (CMS) were notified.</p> <p>-His/Her care plan was updated, resident was interviewed and educated on the risk of giving any monetary access to anyone.</p> <p>-He/She was allowed to express feelings of sadness and disappointment.</p> <p>-He/She denied feeling afraid or unsafe in his/her current setting.</p> <p>(continued on next page)</p>

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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 undated Abuse Investigation Report showed:</p> <ul style="list-style-type: none"> -The alleged incident was reported on 1/11/25 at 10:23 A.M. -The most recent bank transaction was 1/10/25. -The alleged incident occurred in the resident's room. -He/She was the person reporting the alleged incident. -The allegation was misappropriation via a bank debit card. -He/She was not physically injured and did not require medical attention. -There were no witnesses. -The staff person allegedly involved was CNA A. -No other residents reported having money or funds missing or taken. -No staff had observed abuse or misappropriation. -Family Member A was called to review the charges on the resident's debit card. \$244.00 was accounted for as spent by the resident; \$617.89 was unaccounted for. -Police report #25-0070 by Officer A who spoke with the resident in his/her room accompanied by the Administrator. -Additional information included was that CNA A had been terminated from employment at the facility on 1/7/25 for poor performance and customer service. <p>Review of the resident's Abuse Investigation Resident Questionnaire dated 1/11/25 at 10:23 A.M. showed:</p> <ul style="list-style-type: none"> -The resident stated he/she asked CNA A to order him/her food because he/she did not know how to do Door Dash (an on-demand food delivery service that connects customers with local restaurants). -This happened sometime in December, but he/she did not remember an exact day. -The name on the bank statement had CNA A's name to the Cash App withdrawal. <p>Review of the resident's Abuse Investigation Staff Questionnaire dated 1/11/25 at 3:52 P.M. showed:</p> <ul style="list-style-type: none"> -CNA A was asked of he/she had used a resident's money source to purchase food for the resident; he/she answered he/she had not, but helped the resident order food from Door Dash on his/her phone. -When asked if he/she was aware of the restrictions on using a resident's money source, he/she replied he/she was. <p>(continued on next page)</p>

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