

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2023
NAME OF PROVIDER OR SUPPLIER Life Care Center of Grandview		STREET ADDRESS, CITY, STATE, ZIP CODE 6301 East 125th St Grandview, MO 64030	

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** 37608</p> <p>Based on interview and record review, the facility failed to protect the resident's right to be free of misappropriation for one sampled resident (Resident #5) out of seven sampled residents when the resident's debit card was used for \$60.00 in unauthorized purchase, declined purchase of \$11.60, check 496 cashed for \$875.00 and check 500 cashed for \$1000.00. The facility census was 121 residents.</p> <p>The Administrator and the Director of Nursing (DON) were notified of past non-compliance. The facility identified the missing debit card and checkbook on 10/12/23 and began investigating. A police report was made on 10/12/23 regarding the missing debit card and checks. The resident was assisted in recovery. Continued education regarding policy and procedure for Abuse and Neglect, Misappropriation of resident property. In-service began on 10/12/23 for all staff prior to the start of the shift and were completed on 10/13/23.</p> <p>Review of the facility's Abuse and Neglect Policy dated 10/4/22 and reviewed on 7/18/23 showed:</p> <ul style="list-style-type: none"> -The resident had the right to be free from abuse, neglect, misappropriation of resident property, and exploitation. -Residents must not be subjected to abuse by anyone. This includes but is not limited to staff, other residents, consultants, volunteers, staff from other agencies serving our residents, family members, the resident representative, friends, or any other individuals. -Misappropriation of resident property is defined as the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's property of money without the resident's consent. <p>1. Review of Resident #5's Admission Record showed the resident was admitted on [DATE] showed the following diagnoses:</p> <ul style="list-style-type: none"> -Memory deficit following a stroke. -Bilateral hearing loss. -Depression. <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: 265355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2023
NAME OF PROVIDER OR SUPPLIER Life Care Center of Grandview		STREET ADDRESS, CITY, STATE, ZIP CODE 6301 East 125th St Grandview, MO 64030	
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>Review of the resident's admission Minimum Data Set (MDS - a federally mandated assessment tool completed by the facility for care planning) dated 7/20/23 showed:</p> <ul style="list-style-type: none"> -The resident was able to make self understood. -The resident was able to understand others. -The resident's Brief Interview for Mental Status (BIMS) score was 12 showing he/she was cognitively intact. <p>Review of the resident's Progress Note dated 10/12/23 showed:</p> <ul style="list-style-type: none"> -His/her debit cards and checkbook were missing out of his/her room. -Social Service Assistant (SSA) went to the resident's room to look for the debit card and checkbook. -The checkbook was found in the resident's room. -SSA advised the resident to let him/her help him/her call his/her bank to cancel the debit card. -The resident said he/she was going to have a friend take him/her to the bank on 10/13/23. <p>Review of Registered Nurse (RN) A's written statement dated 10/12/23 showed:</p> <ul style="list-style-type: none"> -On 10/12/23 at 1:00 P.M. Certified Nurses Aide (CNA) D came to him/her and reported the resident stated he/she was missing his/her debit card and his/her checkbook. -He/she went and asked the resident if he/she had any concerns. -The resident said he/she was missing his/her debit card and his/her checkbook. -He/she went and reported the missing debit card and checkbook to the Director of Nursing (DON). <p>Review of the police report dated 10/15/23 at 1:19 P.M. showed:</p> <ul style="list-style-type: none"> -The police officer was dispatched to the facility on [DATE] at 2:17 P.M. in regard to stealing. -He/she made contact with Regional Director of Clinical Services (RDCS) who stated the resident told him/her that he/she was missing his/her debit card and could not find the card. -RDCS advised the resident to call the bank to see if the debit card was used at any time. -The bank advised the resident that there were two checks that had been cashed. -Disposition: Forward to investigations unit on 10/15/23 at 1:19 P.M. <p>Review of the facility investigation dated 10/19/23 showed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2023
NAME OF PROVIDER OR SUPPLIER Life Care Center of Grandview		STREET ADDRESS, CITY, STATE, ZIP CODE 6301 East 125th St Grandview, MO 64030	
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>-On 10/12/23 the resident reported his/her debit card and some checks were missing.</p> <p>-The DON and the SSA looked through the resident's room with his/her permission and the checkbook was found but not the debit card.</p> <p>-The Administrator, Physician, and Missouri Department of Health and Senior Services (MO DHSS) were made aware of the incident.</p> <p>-An investigation was initiated with the following completed immediately:</p> <p>--Interviewed appropriate staff.</p> <p>--Interviewed the resident on 10/12/23.</p> <p>-SSA took the resident to the bank on 10/13/23 and received copies of the checks and reported the debit card missing.</p> <p>-On 9/23/23 the resident's debit card was used at the convenient store for \$11.60 but was declined.</p> <p>-On 9/29/23 check 496 was written for \$875.00 and cashed at the resident's bank on 10/02/23 at 4:20 P.M.</p> <p>-On 10/2/23 check 500 was written for \$1000.00 and cashed on 10/3/23 at 3:09 P.M. at the resident's bank.</p> <p>-On 10/11/23 the resident's debit card was used to pay a gas bill for \$60.00.</p> <p>-The police were notified of the incident on 10/12/23 at 2:17 P.M., a report was done.</p> <p>-All staff were in-serviced on the Abuse and Neglect Policy on 10/12/23 & 10/13/23.</p> <p>Review of copies of the checks cashed on 11/6/23 showed:</p> <p>-Check #496 dated 9/29/23 for \$875.00 was cashed on 10/2/23 at 4:20 P.M.</p> <p>-Check #500 dated 10/2/23 for \$1000.00 was cashed on 10/3/23 at 3:09 P.M.</p> <p>During an interview on 11/6/23 at 10:27 A.M. the resident said:</p> <p>-He/she did not know when or who took his/her debit card and checks.</p> <p>-The facility did take him/her to the bank and everything was fixed.</p> <p>-He/she was offered a lock box to put his/her wallet and checkbook in for safe keeping.</p> <p>-He/she did not know the name that was on the checks for the gas bill and he/she did not authorize the use of the debit card or to write the checks.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2023
NAME OF PROVIDER OR SUPPLIER Life Care Center of Grandview		STREET ADDRESS, CITY, STATE, ZIP CODE 6301 East 125th St Grandview, MO 64030	

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 11/6/23 at 11:05 A.M., SSA said:</p> <ul style="list-style-type: none"> -He/she took the resident to the bank on 10/13/23. -The bank verified the resident's debit card was used on 9/23/23 at a convenient store for \$11.60 but was declined. -The same debit card was used to pay a gas bill for \$60.00, the resident did not authorize this use. -The last check written by the resident was on 7/24/23. -The name on the gas bill account was not an employee of the facility. -The bank gave the resident copies of the two checks cashed but would not give the pictures of the person who cashed the checks. -The name the checks were written to were not employees of the facility. -Check #496 was dated 9/29/23 for \$875.00, cashed on 10/2/23. -Check #500 was dated 10/2/23 for \$1000.00, cashed on 10/3/23. -The signature on the checks was not the residents' signature. -The debit card was stopped and a new card was issued. -The checking account was closed and a new account was opened for the resident. -The bank was going to give the resident his/her money back and file a fraud complaint. -He/she took the residents' bank statements and locked them up. <p>During an interview on 11/6/23 at 12:16 P.M., the DON said:</p> <ul style="list-style-type: none"> -He/she was notified of the resident missing his/her debit card and checkbook. -The investigation was started right away. -The staff who worked with the resident were interviewed. <p>During an interview on 11/6/23 at 1:58 P.M., RN A said:</p> <ul style="list-style-type: none"> -He she was notified the resident had reported a missing debit card and checkbook. -He/she then reported the missing debit card and checkbook to the DON. <p>During an interview on 11/7/23 at 12:09 P.M., CNA A said:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2023
NAME OF PROVIDER OR SUPPLIER Life Care Center of Grandview		STREET ADDRESS, CITY, STATE, ZIP CODE 6301 East 125th St Grandview, MO 64030	
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>-He/she had no idea of what was going on since he/she had not been at the facility due to him/her being sick.</p> <p>-He/she did not know anything about the resident missing checks or debit card.</p> <p>-The resident always kept his/her billfold and checkbook on his/her night stand.</p> <p>-He/she did not know the names on the checks of the gas account.</p> <p>During an interview on 11/8/23 at 2:28 P.M., RDSCS said:</p> <p>-He/she gave the report to the police on 10/12/23 since the DON was out of the facility.</p> <p>-The resident's bank that he/she goes to all the time knew it was not the residents' signature when they printed the copies of the checks.</p> <p>-The checks were cashed at a different branch.</p> <p>-The resident never identified who took the debit card or checks.</p> <p>-Two checks were taken from the check book. The last check in the checkbook #500 and check #496.</p> <p>-Check #496 was cashed on 9/29/23 for \$800.00.</p> <p>-Check #500 was cashed on 10/2/23 for \$1000.00.</p> <p>During an interview on 11/16/23 at 10:16 A.M., the Administrator said:</p> <p>-The facility was not able to identify who took the resident's debit card and checks.</p> <p>-The resident was given a lock box to keep his/her wallet and checkbook in for safety.</p> <p>-The bank refunded the resident his/her money.</p> <p>-All staff were educated about misappropriation of resident's property before their next shift.</p> <p>MO00225783</p>		