

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265398	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER Wellsville Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 250 E Locust Wellsville, MO 63384	

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 interview and record review, facility staff failed to prevent the misappropriation of funds for one resident's (Resident #1) when the former administrator requested and accepted \$800 from the resident's digital wallet service application account into the administrators personal digital wallet service application account. The facility census was 47.</p> <p>The administrator was notified on 10/22/24 of past Non-Compliance which occurred on 4/29/24. On 10/11/24 Resident #1 reported he/she sent the former Administrator \$800 to his/her personal digital wallet service application account to pay a bill owed to the facility and the money was not applied to the resident's bill. Upon discovery on 10/11/24 staff reported the allegation of misappropriation, started an investigation, and inserviced staff on misappropriation of resident funds. Staff corrected the deficient practice on 10/18/24.</p> <p>1. Review of the facility's Abuse and Neglect Policy, revised 11/28/16, showed misuse of funds/property defined as the misappropriation or conversion of a consumer's funds or property for another person's benefit.</p> <p>2. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 6/20/24, showed staff assessed the resident as:</p> <p>-Cognitively intact;</p> <p>-Did not exhibited behaviors of inattention;</p> <p>-No disorganized thinking or altered levels of consciousness.</p> <p>Review of the facility's investigation, dated 11/6/24, showed Resident #1 said he/she sent \$800 from his/her digital wallet service application account to the digital wallet service application account of the former administrator and showed evidence of this transaction on his/her cell phone. The resident said he/she never received a receipt or statement showing this money was applied to his/her account. The resident said this transaction occurred when the previous owners had the facility. The facility reported the allegation to the Department of Health and Senior Services (DHSS) and inserviced staff on misappropriation of resident money.</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>During an interview on 10/22/24 at 11:07 A.M., the resident said he/she paid the former administrator \$800 through his/her digital wallet service application account. The resident said he/she did not have any physical documentation of the transfer but showed the surveyor the transaction documented on his/her cell phone. The resident said someone told him he/she owed the facility money. The resident said he/she reported he/she did not receive receipts from the former administrator for any payments he/she had paid to him/her from his/her digital wallet service application account.</p> <p>Observation on 10/22/24 at 11: 07 A.M. of the resident's digital wallet service application account on his/her cell phone showed a transaction on 4/29/24 at 8:38 A.M., where \$800 transferred from the resident's digital wallet service application account to the former administrator's personal digital wallet service application account.</p> <p>During a telephone interview on 10/31/24 at 10:40 A.M., the former administrator said \$800 from the resident's digital wallet service application account was applied to his/her personal digital wallet service application account on 4/30/24 at 10:18 A.M. The former administrator said he/she withdrew the \$800 from a bank but didn't remember which US Bank. Initially, the former Administrator said he did not remember how the cash was applied or who it was given to. Later in the interview the former administrator said he/she gave it to one of three people in the business office at the facility, but he/she was not sure which one and said one person was the current Activity Director. The former administrator said he/she worked for the facility from March 1, 2024 through the end of May 2024 and the previous corporate staff were responsible for the billing at that time. He/She said the corporate office should have records to show the \$800 was applied.</p> <p>Review of an e-mail, dated 10/25/24 at 12:21 P.M., showd the facility's former owner's Director of Revenue showed the facility did not receive money from the resident and the resident was in a Medicaid pending status in their system.</p> <p>Review of the resident's account receivable statement, dated March 31, 2024, showed the resident owed \$765.00 and it did not contain a credit for \$800 paid by the resident.</p> <p>Review of the resident's account receivable statement, dated April 30, 2024 showed it contained the billing for both April and May 2024 the resident owed \$765.00 for April 2024 and an additional \$765.00 for May 2024 and did not contain a credit for \$800 paid by the resident. In the previous information it should he was paid up.</p> <p>During a telephone interview on 10/31/24 at 11:22 A.M., the Activity Director said he/she helped in the business office when the former business office manager left in March 2024. He/She said a different company owned the facility at the time. He/She said the previous owner was doing the billing and any money received was sent to the other company. He/She said the resident had a digital wallet service application account and paid through digital wallet service application account to the former Administrator. He/She said the former Administrator said he/she would write a receipt to the resident for funds received from the resident's digital wallet service application account but he/she never saw the receipts or any money. He/She did not recall the former administrator bringing in any cash to apply against the resident's bills. He/She said any payment of check or cash received would have been received by the former Administrator or another former employee, as it was not his/her role to receive payments.</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>During a telephone interview on 11/1/24 at 2:24 P.M., the former administrator said he/she did not find any receipt showing the money was applied to the resident's bill.</p> <p>During an interview on 11/6/24 at 11:00 A.M., the Activity Director said he/she did not recall any cash brought in to pay the resident's bill.</p> <p>During an interview on 11/6/24 at 10:03 A.M., the administrator said digital wallet service application account is not an appropriate means to accept resident payments and funds should never be received into personal accounts. She said if payment is received from a resident, she would expect there to be accounting records and receipts to show the money was received and it should be reflected on the resident's statement.</p> <p>MO00243430</p>