STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265402	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rancho Rehab and Healthcare Center	615 Rancho Lane Florissant, MO 63031

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure 10 of 10 sampled residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10) were free from misappropriation of resident property when the former Business Office Manager (FBOM) withdrew resident funds to use for his/her personal use. This had the impact to affect all residents for whom the facility managed funds. The facility census was 84.1. Record review of Resident #1's medical record showed the resident is his/her own responsible party. Record review of the facility maintained Resident Trust Statement for the period 01/01/23 through 05/21/26, showed the following sampled unauthorized withdrawals from Resident #1's account: Date Amount Description04/19/23 $400.00 Personal Needs06/05/23 $100.00 Resident Advance06/21/23 $100.00 Resident Advance07/27/23 $100.00 Resident Advance 02/03/25 $50.00 Resident Advance 02/03/25 $50.00 Resident Advance 04/21/25 $300.00 Resident Advance 05/12/25 $50.00 Resident Advance05/27/25 $150.00 Resident Advance06/16/25 $1,000.00 Resident Advance08/04/25 $500.00 Resident Advance08/19/25 $450.00 Resident Advance10/30/25 $500.00 Resident Advance02/03/26 $650.00 Resident Advance03/12/26 $800.00 Resident Advance04/07/26 $1,000.00 Resident Advance04/28/26 $1,500.00 Resident Advance Record review of Resident #1's Personal Spending Log for 02/03/26 showed Resident #1 requested and gave written authorization for only $50.00 to be withdrawn. Record review of Resident #1's Personal Spending Logs showed no written authorization nor documentation provided for all other sampled withdrawals. During an interview on 05/21/26 at 3:02 P.M., Resident #1 said the following:-He/She has a resident trust account;-He/She withdraws $50 once per month; -He/She did withdraw either $300 or $600 only one time last year and no other amount besides $50. 2. Record review of Resident #2's medical record showed the resident is his/her own responsible party. Record review of the facility maintained Resident Trust Statement for the period 01/01/23 through 05/21/26, showed the following sampled unauthorized withdrawals from Resident #2's account: Date Amount Description06/21/23 $40.00 Resident Advance06/21/23 $40.00 Resident Advance08/28/23 $100.00 Resident Advance02/20/24 $50.00 Resident Advance04/01/24 $100.00 Resident Advance 04/08/24 $1,500.00 Resident Advance05/09/24 $100.00 Resident Advance05/30/24 $500.00 Resident Advance06/04/24 $1,000.00 Resident Advance06/12/24 $3,644.20 Personal Needs 06/18/24 $400.00 Resident Advance08/06/24 $2,000.00 Resident Advance09/05/24 $2,000.00 Resident Advance09/24/24 $2,000.00 Resident Advance10/31/24 $200.00 Resident Advance12/04/24 $250.00 Resident Advance04/01/25 $100.00 Resident Advance04/21/25 $100.00 Resident Advance05/12/25 $200.00 Resident Advance06/16/25 $100.00 Resident Advance07/08/25 $100.00 Resident Advance07/28/25 $100.00 Resident Advance08/04/25 $300.00 Resident Advance10/20/25 $100.00 Resident Advance02/03/26 $40.00 Resident Advance Record review of Resident #2's Personal Spending Logs showed no written authorization nor documentation provided for all sampled withdrawals. During an interview on 05/21/26 at 2:55 P.M., Resident #2 said he/she withdraws no more than $20 at a time. 3. Record review of the facility maintained Resident Trust Statement for the period 01/01/23 through 05/21/26, showed the following sampled unauthorized withdrawals from Resident #3's account: Date Amount Description06/21/23 $100.00 Resident Advance09/05/23 $80.00 Personal Needs12/04/23 $100.00 (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident Advance01/08/24 $200.00 Resident Advance02/20/24 $200.00 Resident Advance03/11/24 $500.00 Resident Advance04/16/24 $340.00 Resident Advance05/09/24 $200.00 Resident Advance06/12/24 $1,000.00 Resident Advance06/18/24 $600.00 Resident Advance07/23/24 $250.00 Resident Advance09/24/24 $500.00 Resident Advance03/03/25 $1,000.00 Resident Advance04/10/25 $382.91 Clothing04/21/25 $300.00 Resident Advance05/12/25 $200.00 Resident Advance06/06/25 $200.00 Resident Advance06/16/25 $250.00 Resident Advance07/15/25 $200.00 Resident Advance08/11/25 $400.00 Resident Advance10/30/25 $150.00 Resident Advance02/03/26 $50.00 Resident Advance Record review of Resident #3's Personal Spending Logs showed no written authorization nor documentation provided for all sampled withdrawals. Record review of Resident #3s's facesheet showed a family member is the resident's legal guardian. Record review of an email provided by the resident's guardian, dated 03/07/25 at 10:17:19 A.M. from the FBOM to the guardian, showed the attached Resident Trust Statement for the period 01/02/24 through 12/31/24 contained different withdrawal amounts than the Resident Trust Statement above: Date Amount Description01/08/24 $20.00 Resident Advance02/20/24 $20.00 Resident Advance03/11/24 $50.00 Resident Advance04/16/24 $340.00 Resident Advance05/09/24 $20.00 Resident Advance06/12/24 No withdrawal shown06/18/24 $60.00 Resident Advance07/23/24 $25.00 Resident Advance09/24/24 $50.00 Resident Advance During an interview on 05/21/26 at 3:00 P.M., Resident #3 said his/her family member handles the money. During an interview on 05/29/26 at 10:27 A.M., Resident #3's family member/guardian said the following:-He/She is the financial guardian over Resident #3;-The resident does not have the mental capacity to withdraw funds;-He/She did not question the Resident Trust Statement provided by the facility for 2024 since the amounts listed were smaller, but would have questioned larger withdrawals;-He/She drops off soda and any other items that the resident needs. 4. Record review of the facility maintained Resident Trust Statement for the period 01/01/23 through 05/21/26, showed the following sampled unauthorized withdrawals from Resident #4's account: Date Amount Description09/19/23 $954.00 Dental Premium10/24/23 $200.00 Resident Advance12/04/23 $100.00 Resident Advance12/19/23 $100.00 Resident Advance02/16/24 $494.72 Care Cost Payment02/20/24 $100.00 Resident Advance04/23/24 $1,000.00 Resident Advance05/14/24 $338.00 Care Cost Payment07/23/24 $350.00 Resident Advance01/13/25 $750.00 Transfer to Burial07/08/25 $400.00 Resident Advance Record review of Resident #4's Personal Spending Logs showed no written authorization nor documentation provided for all sampled withdrawals. During an interview on 06/08/26 at 2:20 P.M., Resident #4's Family Member said the following:-He/She was over Resident #4's finances;-He/She would go to the facility every now and then to see if Resident #4 had any money in the account to put aside for a burial plan since Resident #4 had no money and no insurance; -He/She bought everything for Resident #4; -Resident #4 did not withdraw anything that he/she is aware of; -He/She never withdrew the Resident Trust Account to leave less than $200 because the Former Business Office Manager (FBOM) said there had to be some money left in the account;-He/She remembers withdrawing two or three checks- one for $750 and one for $400- but the amount was under $2000 because he/she had to add his/her own money for the burial;-The facility Activity Director (AD) told him/her get reimbursed for items he/she bought, like toiletries, etc., and said the resident had over $2,000 in the account, however when the family member spoke with the FBOM, the FBOM said there was nothing there, it was gone. 5. Record review of the facility maintained Resident Trust Statement for the period 01/01/23 through 05/21/26, showed the following sampled unauthorized withdrawals from Resident #5's account: Date Amount Description06/21/23 $200.00 Resident Advance07/17/23 $400.00 Personal Needs07/27/23 $151.90 Clothing08/28/23 $200.00 Resident Advance08/28/23 $100.00 Resident Advance11/01/23 $100.00 Tobacco12/04/23 $100.00 Resident Advance02/20/24 $100.00 Resident Advance03/04/24 $60.00 Resident Advance05/30/24 $100.00 Resident Advance09/05/24 $100.00 Resident Advance03/03/25 $150.00 Resident Advance04/01/25 $150.00 Resident Advance04/21/25 $100.00 Resident Advance04/29/25 $100.00 Resident Advance05/27/25 $150.00 Resident Advance07/28/25 $200.00 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident Advance08/04/25 $150.00 Resident Advance08/27/25 $150.00 Resident Advance09/09/25 $150.00 Resident Advance10/30/25 $100.00 Resident Advance12/22/25 $300.00 Resident Advance04/28/26 $350.00 Resident Advance Record review of Resident #5's Personal Spending Logs showed no written authorization nor documentation provided for all sampled withdrawals. During an interview on 06/05/26 at 11:24 A.M., Resident #5's Family Member said the following:-Resident #5 would not be able to understand if asked questions as he/she has special needs and can no longer speak;-Resident #5 had an account at the facility and would say, They gave me my $50. This would happen one time per month;-Resident #5 cannot talk or walk, nor move his/her arms. There is no way the resident could have withdrawn $350 on 04/28/26. 6. Record review of Resident #6's medical record showed the resident is his/her own responsible party. Record review of the facility maintained Resident Trust Statement for the period 01/01/23 through 05/21/26, showed the following sampled unauthorized withdrawal from Resident #6's account: Date Amount Description04/29/25 $200.00 Resident Advance Record review of Resident #6's Personal Spending Logs showed no written authorization nor documentation provided for the sampled withdrawal. During an interview on 05/21/26 at 2:55 P.M., Resident #6 said the following:-He/She had to wait until after the 3rd of the month to withdraw funds;-It had been a long time since he/she withdrew money;-He/She was not sure and could not remember if he/she withdrew $200 in 2025. 7. Record review of the facility maintained Resident Trust Statement for the period 01/01/23 through 05/21/26, showed the following sampled unauthorized withdrawals from Resident #7's account: Date Amount Description05/16/23 $288.37 Clothing08/28/23 $250.00 Resident Advance09/08/23 $2,300.46 Personal Needs09/20/23 $2,348.86 Personal Needs11/01/23 $200.00 Resident Advance12/04/23 $250.00 Resident Advance01/03/24 $100.00 Resident Advance02/12/24 $250.00 Resident Advance03/05/24 $1,030.52 Personal Needs03/11/24 $200.00 Resident Advance03/12/24 $1,030.52 Clothing04/10/24 $802.33 Care Cost Payment04/16/24 $250.00 Resident Advance05/23/24 $300.00 Resident Advance06/18/24 $400.00 Resident Advance08/20/24 $450.00 Resident Advance09/18/24 $600.00 Resident Advance11/19/24 $150.00 Resident Advance12/17/24 $300.00 Resident Advance01/16/25 $300.00 Resident Advance02/24/25 $150.00 Resident Advance04/29/25 $150.00 Resident Advance05/27/25 $100.00 Resident Advance06/06/25 $300.00 Clothing 07/15/25 $100.00 Clothing09/19/25 $110.00 Clothing 11/12/25 $63.81 Clothing12/30/25 $50.00 Resident Advance Record review of Resident #7's Personal Spending Logs showed no written authorization nor documentation provided for the sampled withdrawals. During an interview on 05/29/26 at 12:57 P.M., Resident #7's Family Member said the following:-Resident #7 had some money in the resident account but the facility does not take him/her shopping. The money should have accumulated;-He/She purchases clothes for Resident #7 with his/her own money;-Resident #7 is nonverbal, has the mentality of a child and is not aware of money;-About a year or two ago a staff member called from the facility and said Resident #7 needs some clothes and the family member said to only take out $200. The facility staff said that will not be enough and they would need $300-$400. He/She did not know why the facility would need $300-$400 for clothes for the resident; -The family member visited the resident over a year ago and there were no clothes or shoes in the closet. The facility staff told her to look in the little cubby hole in laundry for Resident #7. The clothes in the cubby looked like a bunch of rags. The resident wore a man's t-shirt that was labeled with a different name. 8. Record review of the facility maintained Resident Trust Statement for the period 01/01/23 through 05/21/26, showed only two withdrawals for Resident #8 during this time period. Review showed the following unauthorized withdrawals: Date Amount Description03/05/26 $8,868.07 Resident Advance04/22/26 $2,644.00 Resident Advance Record review showed no Personal Spending Logs for the resident. During an interview on 06/04/26 at 10:10 A.M., Resident #8's Financial Power of Attorney (FPOA) said the following:-Resident #8 never withdraws money, nor does the FPOA. -He/she was not aware of the withdrawals made on 03/05/26 and 04/22/26. 9. Record review of the facility maintained Resident Trust Statement for the period of 03/17/26 (the resident admitted to the facility on [DATE]) (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	through 05/21/26, showed only two withdrawals for Resident #9 during this time period. Review showed the following unauthorized withdrawals: Date Amount Description04/14/26 $200.00 Resident Advance04/28/26 $400.00 Resident Advance Record review showed no Personal Spending Logs for the resident. During an interview on 06/02/26 at 1:20 P.M., Resident #9's Financial Power of Attorney (FPOA) said the following: -Resident #9's family buys everything for him/her;-Resident #9 would not have any reason, nor does he/she have the mental capacity to withdraw money;-There is no reason Resident #9 would have withdrawn $200 on 04/14/26 and $400 on 04/28/26, nor did the FPOA withdraw the money. 10. Record review of Resident #10's medical record showed the resident is his/her own responsible party. Record review of the facility maintained Resident Trust Statement for the period 01/01/23 through 05/21/26, showed the following unauthorized sampled withdrawals from Resident #10's account: Date Amount Description07/10/23 $100.00 Resident Advance07/13/23 $2,081.08 Clothing08/10/23 $150.00 Personal Needs12/12/23 $1,000.00 Resident Advance02/28/24 $2,621.42 Personal Needs03/05/24 $2,166.59 Clothing06/12/24 $600.00 Resident Advance08/28/24 $200.00 Resident Advance12/17/24 $400.00 Resident Advance02/24/25 $730.00 Resident Advance03/18/25 $1,000.00 Resident Advance06/06/25 $2,000.00 Resident Advance06/24/25 $500.00 Resident Advance07/08/25 $700.00 Resident Advance07/28/25 $300.00 Resident Advance08/19/25 $500.00 Resident Advance10/14/25 $500.00 Resident Advance11/05/25 $1,000.00 Resident Advance12/15/25 $800.00 Resident Advance02/18/26 $300.00 Resident Advance03/27/26 $200.00 Resident Advance04/14/26 $400.00 Resident Advance Record review of Resident #10's Personal Spending Logs showed no written authorization nor documentation provided for the sampled withdrawals. During an interview on 05/21/26 at 2:49 P.M., Resident #10 said the following:-He/She is supposed to have an account to withdraw funds;-He/She has not withdrawn any funds in a couple of years;-He/She did not withdraw the listed withdrawals;-At the most he/she would withdraw $20. 11. During an interview on 05/21/26 at 1:41 P.M., the Outside Business Office Consultant (OBOC) said the facility contacted him/her to conduct an audit at the facility due to allegations that the FBOM took money from the Resident Trust Account. The OBOC began an internal audit earlier this month from February 2026 through May 2026 and discovered money was missing from the Resident Trust Account. The OBOC said the resident fund files are missing and when he/she asked the FBOM about the files, the FBOM said, You are not going to find them. 12. During an interview on 05/28/26 at 1:57 P.M., the FBOM said the following:-He/She was sent home for an investigation on 05/04/26;-The Administrator said a resident said he/she gave the FBOM $600, but the administrator did not say the name of the resident who reported this;-He/She did take money a few times from the resident trust account for personal use due to some hardships;-He/She did not take $600, but did not say how much he/she took or from whom she took the money; -He/She would add numbers to the amount the resident wanted to withdraw and take out a little more;- The residents would not know extra money was added to the withdrawal;-He/She knew it was against policy to take resident money. 13. During an interview on 05/28/26 at 3:32 P.M., the President/Owner said the following:-He/She did speak with the FBOM regarding money taken and the FBOM admitted to taking money from residents;-He/she did not have a scope regarding how much money was taken or how often;-The FBOM admitted he/she started taking resident money at the end of 2025. 14. During an interview on 05/28/26 at 3:42 P.M., the FBOM said the following:-He/She told the Owner he/she started taking money around the middle of 2025;-He/She did not know how much money he/she took since he/she gave money out of his/her own pocket to the residents when residents were running low on money. 15. During an interview on 05/29/26 at 3:16 P.M., the Regional Director of Operations said the following:-The investigation was reported to the Florissant Police Department and an officer did come to the facility, but the police have not contacted the facility again;-The termination papers from the facility showed the FBOM's date of termination as of 05/05/26 and the last day worked was 04/30/26. 16. During an interview on 06/12/26 at 9:37 A.M., the Regional Business Office Manager (RBOM) said the following:-The FBOM had a higher level of access in the Resident Funds (continued on next page)

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Management Service (RFMS) computer system and was able to cash checks without going through the RBOM approval level;-The FBOM took care of all the financial information for the RFMS account;-The RBOM met with FBOM on 05/05/26 at a fast food restaurant and the FBOM said he/she took money a few times from the residents because of losing everything when his/her significant other left; -The RBOM did not believe the FBOM only took money a few times from residents and expressed this to the FBOM;-The FBOM got in a brand new [NAME] when he/she left the fast food restaurant. Complaints 3026508, 3004337 and 3004955