

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265411	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER Point Lookout Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 11103 Historic Hwy 165 Hollister, MO 65672	

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)
F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. (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

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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to make individual financial record available to the resident or resident representative through quarterly statements and upon request when facility staff failed to provide 5 residents (Resident #1, #2, #3, #4, and #5) or their responsible party with reconciled quarterly resident trust fund statements. The facility census was 88. Review of the facility's policy titled, Guidelines for Maintaining the Resident Trust Fund Account, revised on 08/04/22, showed the following:-The facility will establish and maintain a system that assures full, complete and separate accountings of each resident's personal funds entrusted to the facility on the resident's behalf;-A separate statement will be maintained for each resident that will show every disbursement and every deposit made on the resident's behalf;-The electronic accounting system is to be used to record resident trust deposits, disbursements, distribute interest and print quarterly statements;-The resident or responsible party will receive a copy of the resident's trust statement showing all transactions to resident's trust fund account on a quarterly basis;-This will be done each month in January, April, July and October by the 15th of the month. 1. Review of Resident #1's face sheet (a document that gives a resident's information at a quick glance) showed the following:-admission date of 02/03/21;-Diagnosis of dementia (a disease that causes a loss of memory, language, problem solving and other thinking abilities that interfere with daily life), vascular dementia (decline in thinking skills caused by conditions that block or reduce blood flow to the brain), and physical debility;-Resident was his/her own responsible party. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning), dated 05/01/25, showed the following:-Resident unable to complete a brief interview for mental status;-Resident had a short- and long-term memory problem;-Resident had poor decision making for tasks of daily life and required cues or supervision. Review of the resident's care plan, revised 05/07/25, showed the following:-Resident had difficulty making self-understood;-Staff should ask resident questions requiring one-to-two-word answers;-Staff should anticipate needs as resident unable to communicate;-Resident had impaired decision making related to cognitive decline and dementia. During an interview on 06/25/25, at 10:00 A.M., the resident said he/she did not know how much money he/she had and did not receive any account statements from the facility. Review showed the facility could not provide reconciled quarterly statements for the resident's funds. 2. Review of Resident #2's face sheet showed the following:-admission date of 09/06/2018;-Diagnosis of severe depression with psychotic symptoms, schizoaffective disorder (mental health condition with symptoms of schizophrenia (mental health condition that affects how people think, feel, and behave) and mood disorders).-Had a responsible party. Review of the resident's quarterly MDS, dated [DATE], showed the resident had moderate cognitive impairment. Review of the resident's Care Plan, revised 06/04/25, showed the following:-Resident had schizoaffective disorder;-Staff should maintain a calm environment and approach to resident;-Resident had difficulty focusing attention at times. During interviews on 06/25/25, at 2:00 P.M., and on 07/01/25, at 1:45 P.M., the resident said he/she had never received a paper statement of how much money was in his/her account. During an interview on 07/03/25, at 10:22 A.M., the resident's power of attorney (POA) for finance said the facility did not send financial statements. Review showed the facility could not provide reconciled quarterly statements for the resident's funds. 3. Review of Resident #3's face sheet showed the following:-admission date of 09/26/24;-Diagnoses included dementia and depression;-Resident had a responsible party. Review of the resident's quarterly MDS, dated [DATE], showed the following:-Resident unable to complete a brief interview for mental status;-Resident had a short- and long-term memory problem;-Resident had severely impaired decision-making ability;-Resident was inattentive and had disorganized thinking. Review of the resident's Care Plan, revised 05/09/25, showed the following:-Resident had behavioral symptoms towards others;-Staff should maintain a calm environment and approach to resident;-Avoid over stimulating the resident.-;Staff should monitor for fluctuating state of disorientation and decreased environmental awareness;-Resident resides in the memory care unit due to cognitive loss, dementia, and exit seeking. During an interview on 07/08/25, at 11:48 A.M., the resident's POA said he/she was responsible for the resident's financial affairs. He/she had not received any quarterly statements related to money in the trust. Review showed the facility could not provide reconciled quarterly statements for the resident's funds. 4. Review of Resident #4's face sheet showed the following:-admission date of 07/23/24;-Diagnosis of depression, dementia, and anxiety disorder;-Had a responsible party. Review</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</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 - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect the right of all residents to be free from misappropriation when resident personal funds of five residents (Resident #1, #2, #3, #4, and # 5) were used to make multiple unauthorized purchases. A sample of residents was reviewed in a facility with a census of 88. Review of the facility's policy, Abuse, Neglect, and Misappropriation of Property, dated November 2017, showed the following:-Each resident will be free from verbal, mental, sexual, or physical abuse, misappropriation of resident property and exploitation, corporal punishment, or involuntary seclusion;-Residents will be protected from abuse, neglect, and harm while at the facility. Review of the facility's policy titled, Guidelines for Maintaining the Resident Trust Fund Account, revised on 08/04/22, showed the following:-This facility will establish and maintain a system that assures full, complete and separate accountings of each resident's personal funds entrusted to the facility on the resident's behalf;-A separate statement will be maintained for each resident that will show every disbursement and every deposit made on the resident's behalf;-The electronic accounting system is to be used to record resident trust deposits, disbursements, distribute interest, and print quarterly statements;-Disbursements from the resident's trust account will not be made without a signed Resident Trust Disbursement/Check request from the resident or the resident's legal representative;-The Administrator and the BOM shall be the signatories to any check written on the resident trust account. However, if either, the Administrator or the BOM are unavailable, the Social Service Designee (SSD) shall be an authorized signatory.-The facility will send a copy of the signed check to system services to be kept on file with the check approval. If the disbursement falls under the one of the items listed on agreement concerning management of personal funds, a copy of the signed agreement will take the place of a resident trust disbursement/check request. 1. Review of Resident #1's face sheet (a document that gives a resident's information at a quick glance) showed the following:-admission date of 02/03/21;-Diagnoses included dementia (a disease that causes a loss of memory, language, problem solving and other thinking abilities that interfere with daily life), vascular dementia (decline in thinking skills caused by conditions that block or reduce blood flow to the brain), and physical debility.-Resident was his/her own responsible party. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff for care planning), dated 05/01/25, showed the following:-Resident had a short- and long-term memory problem;-Resident had poor decision making for tasks of daily life and required cues or supervision. Review of the resident's care plan, revised 05/07/25, showed the following:-Resident had difficulty making self-understood;-Staff should ask resident questions requiring one-to-two-word answers;-Staff should anticipate needs as resident unable to communicate;-Resident had impaired decision making related to cognitive decline and dementia. Review of the resident's bank statement, dated 06/06/25 showed the following charges on the bank card:-A charge, dated 05/14/25, to TJ [NAME] for \$47.72;-A charge, dated 05/14/25, to, Mama Jeans Market for \$106.88;-A charge, dated 05/14/25 to [NAME] for \$141.06;-A charge, dated 05/14/25, to Coach for \$239.48;-A charge, dated 05/27/25, to Wal-Mart Supercenter for \$106.55;-A charge, dated 05/30/25, to Mama Jeans Market for \$33.07;-A charge, dated 06/02/25, to [NAME] Pro Store for \$171.03;-A charge, dated 06/05/25, to TJ [NAME] for \$67.36. Review of a facility investigation, dated 06/18/25, showed the following:-On 06/13/25, at 8:03 A.M., the Social Service Director (SSD) opened a resident bank statement and observed eight suspicious charges and notified the Administrator;-The resident had not been out of the facility in the past few years and was not in possession of any of the items on the bank statement;-The BOM and resident family member reported no knowledge of anyone accessing the bank account;-The police department had been notified and began an investigation;-On 06/16/25, the Administrator and the Director of Nursing (DON) reported to the police department to view a video of the BOM using the resident bank card at a local Walmart;-The Administrator and Director of Nursing (DON) identified the BOM of the facility in the video using the bank card. The video footage showed BOM using the resident's bank card for a purchase at Walmart on 05/27/25 for \$106.55;-The Administrator and a police officer then returned to the facility and suspended the BOM;-Misappropriation of the resident's bank funds had occurred. During an interview on 06/25/25, at 9:20 A. M., the Administrator said the following:-The SSD accidentally opened the resident's mail and noticed several suspicious charges;-SSD knew resident had not left the facility to go shopping and thought the account had been hacked;-The SSD notified the Administrator and an investigation was started.-The</p>		