

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265437	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/04/2026
NAME OF PROVIDER OR SUPPLIER Avalon View Health and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 West College Street Liberty, MO 64068	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to allow one resident (Resident #1) to exercise his/her rights when funds were transferred from Resident #1's personal checking account to the Business Office Manager's (BOM) personal [NAME] account (a mobile banking application used to transfer funds from one account to another) without Resident #1's permission. The facility census was 117. Review of the facility's Resident Rights Policy dated 09/01/21 showed:-The resident had the right to a dignified existence and self-determination;-The resident had the right to exercise his/her rights as a resident of the facility;-The resident had the right to be free from interference and coercion from the facility in exercising his/her rights;-The resident had the right to manage his/her financial affairs;-The resident had the right to know in advance what charges the facility may impose against the resident's personal funds. Review of the facility's Transactions Involving Resident Funds or Property Policy dated 06/01/23 showed:-The facility would establish and maintain a system that assures a complete and separate accounting of each resident's funds and is according to generally accepted accounting principles;-The facility would ensure that resident funds are not comingled with funds of someone other than the resident, such as a staff member managing the resident's personal funds;-The facility would not utilize the resident's credit or debit card or non cash forms of payment on personal devices;-No facility employee shall knowingly exploit resident property. 1. Review of Resident #1's care plan dated 11/26/25 showed:-The resident's rights would be promoted and protected placing emphasis on individual preferences, dignity and self determination;-The resident's autonomy and dignity would be honored in the personal choices that he/she makes;-The resident had the right to manage his/her own financial/personal affairs. Review of the resident's Annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 02/02/26 showed:-No cognitive impairment;-Dependent on staff for Activities of Daily Living (ADL)s;-Incontinent of bowel and bladder;-Diagnoses included multiple sclerosis, depression and hemiplegia (paralysis of one side of the body). Review of the resident's Facility admission Agreement showed:-The admission Agreement was signed electronically by the resident on 02/27/25;-The Resident had the right to manage his or her financial affairs and need not deposit personal funds with the facility;-The Facility must have written permission from the Resident or Responsible Party to handle Resident's personal funds. Review of the resident's personal bank account records showed:-On 02/04/26, a withdrawal in the amount of \$2,000.00 was made by the BOM's [NAME] account.-On 02/05/26, a withdrawal in the amount of \$2,000.00 was made by the BOM's [NAME] account. -On 02/06/26, two withdrawals in the (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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	amounts of \$1,000.00 and \$600.00 were made by the BOM's [NAME] account. -On 03/11/26, a withdrawal in the amount of \$1,168.70 was made by the BOM's [NAME] account. Review the BOM's [NAME] account showed:-On 02/04/26 a payment in the amount of \$2,000.00 was deposited into the BOM's [NAME] account from the resident's personal bank account;-On 02/05/26 a payment in the amount of \$2,000.00 was deposited into the BOM's [NAME] account from the resident's personal bank account;-On 02/06/26 a payment in the amount of \$1,000.00 was deposited into the BOM's [NAME] account from the resident's personal bank account;-On 02/09/26 a payment in the amount of \$600.00 was deposited into the BOM's [NAME] account from the resident's personal bank account;-On 03/11/26 a payment in the amount of \$1.168.70 was deposited into the BOM's [NAME] account from the resident's personal bank account. Review of the resident's facility Transaction Report, dated 04/29/26, showed:-On 02/04/26, a payment was made to the facility for \$2,000.00-On 02/05/26, a payment was made to the facility for \$2,000.00-On 02/06/26, a payment was made to the facility for \$1,600.00.-On 03/11/26, a payment was made to the facility for \$1, 168.70. Review of the facility investigation, dated 03/25/26, showed:-On 03/24/26, a statement was brought to facility administration that Floor Technician A was asked by the BOM to impersonate the resident over the phone to the bank to authorize the BOM to access the resident's bank account; -The BOM denied asking Floor Technician A or any other employee to impersonate a resident;-The BOM said the resident gave the BOM verbal permission to use his/her [NAME] account to transfer funds from the resident's bank account to the facility; -A financial review of the resident's facility account was completed and no concerns were noted. During an interview on 03/31/26 at 02:08 P.M., the BOM said:-GThe resident gave him/her verbal permission to withdraw the money from the resident's personal bank account and deposit into the BOM's [NAME] account;-The resident's facility room and board was paid out of the BOM's [NAME] account;-He/She should not have used the [NAME] account to withdraw money out of the resident's account;-The resident did not sign anything that gave the BOM permission to take the funds out of the personal bank account. During an interview on 04/02/26 at 11:48 A.M. the resident said:-He/She did not give the BOM or the facility verbal permission to withdraw funds out of his/her personal banking account;-He/She did not sign any document giving the BOM or the facility permission to withdraw funds from his/her personal banking account;-He/She did not give any person permission to withdraw funds out of his/her personal bank account and pay the facility;-He/She is capable of talking to the bank himself/herself;-He/She should be the one to say how his/her money is spent;-The facility did not give him/her the freedom to exercise his/her rights. During a follow up interview on 04/27/26 at 10:58 A.M., the BOM said:-In January 2026, he/she was working with the resident to make the Patient Liability payment to the facility;-The resident had no money in his/her bank account and denied spending the funds; -The BOM assisted the resident to call Social Security to determine why the resident's Social Security payments have not been deposited into the resident's account;-It was discovered the resident had not completed the required paperwork to update his/her information and the Social Security payments had been frozen; -The BOM assisted the resident in completing the needed forms and returned them to Social Security; -The BOM then assisted the resident in calling the resident's bank;-The resident's checking account had been closed due to non-use and the payments from Social Security had been deposited in the resident's savings (continued on next page)		

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