

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/02/2024
NAME OF PROVIDER OR SUPPLIER  Levering Regional Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1734 Market Street Hannibal, MO 63401	

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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> U4413</p> <p>Based on record review and interview, the facility failed to provide a final accounting of resident fund balances within 30 days to the individual or probate jurisdiction administering the resident's estate for three residents (Resident #1, #2 and #4) out of a sample of four. The facility census was 161.</p> <p>1. Record review of the Admission/Discharge Report for the period 10/01/23 through 01/31/24 showed Resident #2 discharged on [DATE].</p> <p>Record review of the facility maintained Resident Trust Transaction for the period 09/01/23 through 02/01/24, showed the facility did not submit Resident #2's funds in the amount of \$9,529.91 as of 02/01/24 (69 days after Resident #2 discharged .)</p> <p>2. Record review of the Admission/Discharge Report for the period 10/01/23 through 01/31/24 showed Resident #1 discharged on [DATE].</p> <p>Record review of the facility maintained Resident Trust Transaction for the period 09/01/23 through 02/01/24, showed the facility did not submit Resident #1's funds in the amount of \$379.44 until 02/01/24 (43 days after Resident #1 discharged .)</p> <p>3. Record review of the Admission/Discharge Report for the period 10/01/23 through 01/31/24 showed Resident #4 discharged on [DATE].</p> <p>Record review of the facility maintained Resident Trust Transaction for the period 09/01/23 through 02/01/24, showed the facility did not submit Resident #4's funds in the amount of \$0.60 until 02/01/24 (76 days after Resident #4 discharged .)</p> <p>4. During an interview on 02/01/24 at 10:12 A.M., the Regional Business Office Manager said the previous Business Office Manager was not doing the job correctly and refunds were not sent timely.</p> <p>MO00230995</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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