

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  03/13/2024
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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>35615</p> <p>Based on interview and record review, the facility failed to keep residents from going into a negative balance which allowed the residents to spend another resident's money without written authorization for seven residents (Resident #1, #18, #20, #21, #22, #23, and #24). The facility managed funds for 147 residents. The facility census was 169.</p> <p>1. Record review of Resident #18's Trust Transaction History dated 12/1/2023 to 3/13/24 showed the following negative balances:</p> <ul style="list-style-type: none"> <li>-On 1/2/24 through 1/8/24 negative balance of &lt;\$21.19&gt; for six days;</li> <li>-On 1/8/24 through 1/12/24 negative balance of &lt;\$30.16&gt; for four days;</li> <li>-On 1/12/24 through 1/18/24 negative balance of &lt;\$21.80&gt; for six days;</li> <li>-On 2/9/24 through 3/13/24 negative balance of &lt;\$0.05&gt; for 33 days.</li> </ul> <p>2. Record review of Resident #1's Trust Transaction History dated 12/1/23 through 2/29/24 showed the following negative balances:</p> <ul style="list-style-type: none"> <li>-On 1/25/24 through 1/31/24 negative balance of &lt;\$20.00&gt; for six days.</li> </ul> <p>3. Record review of the facility-maintained Trust Current Account Balance Report as of 3/13/24 showed the following residents were allowed to go into a negative balance for 3/2024.</p> <p>Resident Amount</p> <ul style="list-style-type: none"> <li>#20 &lt;\$9.11&gt;</li> <li>#21 &lt;\$9.15&gt;</li> <li>#22 &lt;\$9.83&gt;</li> <li>#18 &lt;\$0.05&gt;</li> <li>#23 &lt;\$18.59&gt;</li> </ul> <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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>#24 &lt;\$5.00&gt;</p> <p>4. During an interview on 3/13/24 at 11:30 A.M. the Regional Business Office Manager (BOM) said the residents should not have negative balances in the Trust Fund Account. Staff should not give cash to residents without any funds in the account. The Resident Trust Fund Account balances should be correct for all the residents with funds in the account and updated daily.</p> <p>During an interview on 3/13/24 at 11:35 A.M. the facility BOM said he/she gave the Activity Director \$1400.00 cash from the Resident Trust Fund account daily along with the updated the Resident Trust Fund Account balances for dispersing during the facility bank time. Residents could request cash at that time, sign a receipt indicating the amount of cash received and the date received. The Activity Department returned the remaining petty cash from the Resident Trust Fund account and the signed receipts indicating how much cash each resident received during bank time. He/She reconciled the remaining cash with the amount dispersed. Each resident's account was updated following the transactions to ensure accuracy of the resident's balance.</p> <p>During interview on 3/13/24 at 2:30 P.M. the Administrator said the resident Trust Fund Account was managed by the facility. The Trust Fund Account should be accurate and updated daily. No residents should have a negative account balance. She did not know why residents had a negative account balance in the Trust Fund Account. She had limited knowledge of the process and needed additional training. The current BOM had only been in the position for two weeks.</p>		