

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265472	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2025
NAME OF PROVIDER OR SUPPLIER  Brent B Tinnin Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 220 Euel Polk Drive Ellington, MO 63638	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32751</b></p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident #1) was free of misappropriation of his/her property when the former Administrator (FADM) used the resident's bank debit card to remove money for his/her own personal use. The total misappropriated amount exceeds \$12,000. The census was 44.</p> <p>The administration was notified on 03/05/2025 of the Past Non-Compliance which occurred between November of 2024 and December of 2024. On 01/09/2025 the facility, upon notification of missing funds, started an investigation. On 01/15/2025 the facility terminated the FADM and started in-servicing on the facility's policy and procedures on misappropriation. The police were notified on 01/09/2025. The non-compliance was corrected on 01/09/2025.</p> <p>Review of the facility's Abuse Prevention Program dated March 2021, showed:</p> <ul style="list-style-type: none"> <li>- This facility will not tolerate verbal, sexual physical or mental abuse, corporal punishment, involuntary seclusion, neglect, or misappropriation or resident property;</li> <li>- Misappropriation of resident property is defined as the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of the resident's belongings or money without the resident's consent.</li> </ul> <p>Review of the facility's policy entitled Management of Residents' Personal Funds, dated March 2021 showed:</p> <ul style="list-style-type: none"> <li>- Our facility manages the personal funds of residents who request the facility to do so;</li> <li>- Should the facility manage the resident's funds, the facility acts as a fiduciary of the resident's funds and holds, safeguards, manages and accounts for the personal funds of the resident;</li> <li>- The resident is informed in advance of any charges imposed to his or her personal funds;</li> <li>- Copies of all financial transactions are saved to the resident's permanent record.</li> </ul> <p>Review of the facility's investigation dated 01/09/2025, showed:</p> <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265472	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2025
NAME OF PROVIDER OR SUPPLIER  Brent B Tinnin Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Euel Polk Drive Ellington, MO 63638	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- The facility found a copy of Resident #1's bank statements for November 2024 and December 2024 showing a high dollar amount of withdrawals from the resident's account;</li> <li>- The resident was interviewed and denied knowing anything about the withdrawals and had not received the money, the police were notified immediately;</li> <li>- On 01/14/2025, the FADM provided documents showing the resident gave his/her permission to take the surplus money from the account;</li> <li>- On 01/14/2025 the resident said he/she did give the FADM permission and had been confused by the question;</li> <li>- The police focused on the FADM who refused to be interviewed;</li> <li>- The FADM told the facility that he/she used the card to withdraw a surplus of cash from the resident's account to prevent Medicaid from requiring the money be used to pay the resident's bill at the facility;</li> <li>- The FADM said the money was actually removed from the account and given to the former bookkeeper to pay the resident's bill, and make purchases for the resident, but, he/she had never requested a receipt from the bookkeeper for the cash;</li> <li>- The bank statement did show two purchases made on the card for medications in the FADM name and sent to the FADM address;</li> <li>- The FADM said he/she had accidentally used the wrong card and had meant to use his/her own card;</li> <li>- The FADM was terminated on 01/15/2025 and the facility started in-service on misappropriation with all staff.</li> </ul> <p>Review of the facility's documents giving permission by the resident to withdraw funds from the personal account of the resident showed:</p> <ul style="list-style-type: none"> <li>- On 07/27/23 the resident gave permission to withdraw Resident Funds and Surplus payments, with no amount shown;</li> <li>- On 11/26/24 the resident gave permission to withdraw \$1509.00;</li> <li>- On 11/29/24 the resident gave permission to withdraw \$1509.00;</li> <li>- On 12/03/24 the resident gave permission to withdraw \$387.00;</li> <li>- On 12/03/24 the resident gave permission to withdraw \$1566.00;</li> <li>- On 12/10/24 the resident gave permission to withdraw \$2397.00.</li> </ul> <p>Review of the bank statement September 2024 to January 2025 showed:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265472	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2025
NAME OF PROVIDER OR SUPPLIER  Brent B Tinnin Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 220 Euel Polk Drive Ellington, MO 63638	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- On 09/12/2024 an ATM withdraw of \$803.00 (\$3.00 fee);</li> <li>- On 09/12/2024 an ATM withdraw of \$803.00 (\$3.00 fee);</li> <li>- On 09/20/2024 an online purchase from Yeti for \$232.60;</li> <li>- On 09/20/2024 an online purchase from Workplace Pro (A company that makes workplace promotional items) for \$269.80;</li> <li>- On 11/06/2024 an online purchase from Workplace Pro for \$377.00;</li> <li>- On 11/15/2024 an ATM withdraw for \$503.00 (\$3.00 fee);</li> <li>- On 11/20/2024 an online purchase from Elliemd (A company selling medical weight loss drugs) for \$799.00;</li> <li>- On 11/20/2024 an online purchase from Elliemd for \$799.00;</li> <li>- On 11/26/2024 an ATM withdraw for \$503.00 (\$3.00 fee);</li> <li>- On 11/26/2024 an ATM withdraw for \$503.00 (\$3.00 fee);</li> <li>- On 11/29/2024 an ATM withdraw for \$503.00 (\$3.00 fee);</li> <li>- On 11/29/2024 an ATM withdraw for \$503.00 (\$3.00 fee);</li> <li>- On 12/03/2024 an online purchase from Elliemd for \$2397.00;</li> <li>- On 12/03/2024 an online purchase from Elliemd for \$387.00;</li> <li>- On 12/03/2024 an ATM withdraw for \$783.00 (\$3.00 fee);</li> <li>- On 12/03/2024 an ATM withdraw for \$783.00 (\$3.00 fee);</li> <li>- On 12/09/2024 a purchase from Circle B Enterprises for \$1364.00;</li> </ul> <p>Total of monies unaccounted for \$12312.40</p> <p>Review of receipts showed:</p> <ul style="list-style-type: none"> <li>- A receipt from Elliemd for Tirezapatide (a weight loss drug) \$2397 on 12/03/2024, and on 12/2/2024 for PT 141 Nasal Spray (a sexual enhancement drug) \$387 ordered by the FADM and sent to her home address.</li> </ul> <p>Review of the resident's accounts with the facility showed:</p> <ul style="list-style-type: none"> <li>- No money applied to the resident's billing or the Resident Trust Account;</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265472	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/24/2025
NAME OF PROVIDER OR SUPPLIER  Brent B Tinnin Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  220 Euel Polk Drive Ellington, MO 63638	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- No receipts of money received by the business office.</p> <p>Review of Resident #1's medical record showed:</p> <p>- The resident admitted on [DATE];</p> <p>- The resident had diagnoses of Metabolic Encephalopathy (condition where the brain does not function properly, Schizophrenia (a disorder that affects a person's ability to think clearly and behave clearly), Major Depressive Disorder (a serious mental health condition that can significantly interfere with daily life).</p> <p>Record review of the resident's Quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by staff) dated 02/4/2025 showed the resident to have some cognitive loss.</p> <p>During an interview on 02/13/2025 at 10:15 A.M., the resident said he/she gave the former bookkeeper permission to use his/her card but never gave the FADM permission to have the card or use it. He/she said the facility was supposed to purchase a recliner for the resident.</p> <p>During an interview on 2/13/2025 at 12:00 P.M., the Corporate Nurse (CN) confirmed the allegations made in the facility investigation and said the police are still investigating. On this date, they did not know if the Prosecuting Attorney (PA) would be prosecuting the case.</p> <p>During an interview on 02/13/2025, the acting Administrator (ADM) confirmed the allegations made in the facility's investigation and said they are now waiting on the PA to finish the investigation. She said she was unsure where the surplus money in the resident's account had come from. She said the staff had searched for the recliner that had previously been in the resident's room and could not find it in the facility.</p> <p>During an interview on 02/19/2025 at 1:30 P.M., by phone, the FADM said the resident had given him/her permission to take the money from the account to spend the overage/surplus amount to avoid having to use it to pay the resident's bill. The FADM said the money was removed and given to the former bookkeeper to pay the resident's bills. The FADM said he/she never requested a receipt. He/she said the card was kept in his/her office so it would not get lost. The FADM said he/she accidentally used the resident's card to purchase his/her personal medications. The FADM said it was not policy to keep resident's card and if another staff member had done this, they would have been terminated. He/she had no explanation as to why the money was not put in the Resident Trust Fund (RTF). He/she said they had learned a valuable lesson and felt this was a misunderstanding.</p> <p>During an interview on 02/26/2025 at 4:00 P.M., by phone, the PA said he intends to prosecute the FADM. He said this is an egregious act.</p> <p>COMPLAINT # MO0248737</p>		