

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265475	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2025
NAME OF PROVIDER OR SUPPLIER Maranatha Village, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 233 East Norton Road Springfield, MO 65803	

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>Based on interview and record review, the facility failed to protect all residents from misappropriation of property when a facility staff member (Certified Nurse Aide (CNA) A) received multiple checks from one resident's (Resident #1's) checking account after expressing his/her financial need to the resident. The facility census was 101.</p> <p>Review of the facility policy titled, Identifying Exploitation, Theft and Misappropriation of Resident Property, dated April 2021, showed the following:</p> <ul style="list-style-type: none"> -Exploitation, theft, and misappropriation of resident property are strictly prohibited; -Exploitation means taking advantage of a resident for personal gain, through the use of manipulation, intimidation, threats or coercion; -Misappropriation of resident property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent. <p>1. Review of Resident #1's face sheet showed:</p> <ul style="list-style-type: none"> -admission date of 08/26/23; -Diagnoses included multiple sclerosis (disease that affects the central nervous system and disrupts the flow of information between the brain and body), insomnia (difficulty falling and staying asleep) and depression (feelings of sadness). <p>Review of the resident's quarterly minimum Data Set (MDS - a federally mandated comprehensive assessment completed by facility staff), dated 02/28/25, showed the resident was cognitively intact. The required substantial assistance with upper body dressing and was dependent on staff for lower body dressing and toileting hygiene.</p> <p>Review of the facility's investigation summary submitted to the Department of Health and Senior Services (DHSS), dated 03/26/25, showed the following:</p> <ul style="list-style-type: none"> -On 03/26/25, the resident's family reported finding several checks to made out to CNA A, a year and a half ago, totaling around \$7000.00; -Family was requesting CNA A repay the money to the resident; <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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 09/25/23, a check written to CNA A, in the amount of \$2000.00;</p> <p>-On 11/20/23, a check written to CNA A, in the amount of \$400.00;</p> <p>-On 12/12/23, a check written to CNA A, in the amount of \$800.00;</p> <p>-On 01/10/24, a check written to CNA A, in the amount of \$1000.00;</p> <p>-On 02/20/24, a check written to CNA A, in the amount of \$1000.00;</p> <p>-On 03/06/24, a check written to CNA A, in the amount of \$2000.00;</p> <p>-Conclusion of the facility's investigation showed the home resident had the right to manage his/her own financial affairs, but it was the facility's policy to prevent exploitation of the residents.</p> <p>Review of the resident's canceled checks showed the following:</p> <p>-On 09/25/23, a check written to CNA A for \$2000.00;</p> <p>-On 11/20/24, a check written to CNA A for \$400.00;</p> <p>-On 12/12/23, a check written to CNA A for \$800.00;</p> <p>-On 01/10/24, a check written to CNA A for \$1000.00;</p> <p>-On 02/20/24, a check written to CNA A for \$1000.00;</p> <p>-On 03/06/24, a check written to CNA A for \$1000.00.</p> <p>Review of the facility's Payroll Based Journal showed CNA A worked at the facility the following days and hours:</p> <p>-On 09/25/23, no hours reported on that day;</p> <p>-On 11/20/23, 7.53 hours as contract staff;</p> <p>-On 12/12/23, 7.52 hours as contract staff;</p> <p>-On 01/10/24, 7.80 hours as contract staff;</p> <p>-On 02/20/24, 7.00 hours as contact staff;</p> <p>-On 03/06/24, 7.90 hours, as contact staff.</p> <p>Review of the police report, completed on 03/28/25, showed the following:</p> <p>-The Administrator said he/she was informed about the incident on 03/27/25 and then called in a report;</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 - Few</p>	<p>-The Administrator did not know the dates of the occurrence, but advised that CNA A was employed by their facility from 03/04/24 to 12/20/24;</p> <p>-CNA A assisted the resident with cares;</p> <p>-Administrator was told the resident gave CNA A money after the aide reportedly told the resident about his/her life. The resident felt empathy towards the situation.</p> <p>During an interview on 04/09/24, at 9:45 A.M., the resident said the following:</p> <p>-He/she met CNA A at the facility. The aide started around the same time he/she moved to the facility;</p> <p>-The CNA would speak about hardships and the resident offered to help;</p> <p>-He/she probably gave the aide around \$7000.00;</p> <p>-CNA A would write out the checks, and the resident would sign the checks.</p> <p>During an interview on 04/09/24, at 11:10 A.M., Registered Nurse (RN) B said it would not be appropriate to ask or accept money from a resident. This would be misappropriation of resident funds and he/she would report it to the Director of Nursing (DON).</p> <p>During an interview on 04/09/24, at 11:15 A.M., Certified Medication Technician (CMT) C said it would not be appropriate to ask or accept money, or any items from a resident, this would be misappropriation of resident funds.</p> <p>During an interview on 04/09/24, at 11:19 A.M., CNA D said it would not be appropriate to ask or accept money from a resident. This would be misappropriation of resident funds and he/she would report this to the charge nurse.</p> <p>During an interview on 04/09/24, at 11:22 A.M., CNA E said it would not be appropriate to ask or accept money from a resident. This would be misappropriation of resident funds, and he/she would report it to the nurse.</p> <p>During an interview on 04/09/24, at 11:28 A.M., CMT F said it would not be appropriate to ask or accept money from a resident. This would be misappropriation of resident funds, and he/she would report it to the charge nurse.</p> <p>During an interview on 04/09/24, at 11:46 A.M., the DON said the following:</p> <p>-It would not be appropriate for staff to ask or accept money from residents;</p> <p>-He/she spoke to the resident and he/she said the money he/she gave to CNA A were gifts;</p> <p>-There are numerous checks that were written per the family;</p> <p>-The facility's policy is that staff are not to accept money or gifts;</p> <p>(continued on next page)</p>		

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