

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265491	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/01/2024
NAME OF PROVIDER OR SUPPLIER  Seneca Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE  914 Chickesaw Street Seneca, MO 64865	

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**</b> 34906</p> <p>Based on interview and record review, the facility failed to protect all resident's from misappropriation of property when a staff member had one resident's (Resident #1's) personal cellular phone, in his/her possession. The facility census was 52.</p> <p>Review of the facility policy titled, Abuse, Prevention, and Prohibition Policy, revised November 2018, showed the following:</p> <ul style="list-style-type: none"> <li>-Misappropriation of resident property is defined as the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent;</li> <li>-The facility prohibits misappropriation of resident property;</li> <li>-The facility will not knowingly employ individuals who have been found guilty of abusing , neglecting, or mistreating residents or misappropriating their properties.</li> </ul> <p>1. Review of Resident #1's significant change Minimum Data Set (MDS - a federally mandated comprehensive assessment tool completed by facility staff), dated 11/03/23, showed the following:</p> <ul style="list-style-type: none"> <li>-admitted [DATE];</li> <li>-Moderate cognitive impairment;</li> <li>-Dependent on staff assistance for transfers, dressing, toileting, and bathing.</li> </ul> <p>Review of the resident's face sheet showed the following:</p> <ul style="list-style-type: none"> <li>-Readmitted [DATE];</li> <li>-Diagnoses included chronic kidney disease, heart failure, diabetes, anxiety, and depression.</li> </ul> <p>Review of the facility's Misappropriation of Property Self-Report showed the following:</p> <ul style="list-style-type: none"> <li>-On 01/03/24, a family member of the resident reported the resident's cell phone was missing from the resident's room. Staff searched for cell phone, but were unable to locate the phone;</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265491	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/01/2024
NAME OF PROVIDER OR SUPPLIER  Seneca Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE  914 Chickesaw Street Seneca, MO 64865	
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>-On 01/04/24, Nurse Assistant (NA) A came to the Administrator concerned one of the other nurse assistants at the facility, NA B, may have stolen the resident's cell phone and given the phone to NA A's child as a gift. NA A denied stealing the phone. Staff obtained the identification number from the cell phone in NA A's possession;</p> <p>-On 01/11/24, NA B spoke with the Administrator and completed a written statement. NA B denied taking the resident's cell phone and denied any knowledge of the phone. The administrator suspended NA B pending the outcome of the investigation;</p> <p>-On 01/12/24, NA A returned the cell phone to the facility;</p> <p>-On 01/25/24, one of the resident's family members contacted their cell phone provider and confirmed the phone NA A returned to the facility belonged to the resident. The Administrator notified the Department of Health and Senior Services (DHSS) and the local police department of the misappropriation of resident property and terminated NA B.</p> <p>During an interview on 01/30/24, at 12:52 P.M., the Administrator said the following:</p> <p>-On 01/03/24, the family of the resident reported the resident's cell phone missing from the resident's room;</p> <p>-Staff attempted to locate the phone in the facility, but were unsuccessful;</p> <p>-On 01/04/24, NA A came to the Administrator and said he/she suspected that a phone given to his/her child as a present from NA B, could be the missing phone and staff brought the phone to the facility;</p> <p>-Several days later, on 1/25/24, a family member of the resident contacted the cellular phone provider and determined the phone brought into the facility by NA A was the resident's phone. The Administrator terminated NA B, who denied stealing the phone from the resident. The Administrator notified the local police and DHSS of the situation.</p> <p>MO00230853</p>		