

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265501	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Odessa Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 609 Golf Street Odessa, MO 64076	

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 prevent misappropriation for one sampled resident (Resident #3) when Certified Nursing Assistant (CNA) A cultivated a relationship with the resident and borrowed \$150.00 to pay court costs out of five sampled residents. The facility census was 53 residents.</p> <p>On 2/20/25 the Administrator and Assistant Director of Nursing (ADON) were notified of past non-compliance which occurred on 2/19/25. On 2/19/25 the facility Administrator was notified of the incident and the investigation was started. CNA A was terminated on 2/17/25 for no call no show to work. No employees were allowed to work prior to reeducation completed on 2/19/25. The deficiency was corrected on 2/19/25.</p> <p>Review of the facility's Abuse and Neglect Policy dated 11/28/16 and revised on 6/12/24 showed:</p> <ul style="list-style-type: none"> -Misappropriation of resident property was deliberate misplacement, exploitation, or wrongful, temporary, or permanent, use of a resident's belongings or money without the resident's consent. -Exploitation was taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats or coercion. -The facility was committed to protecting the residents from abuse by anyone including, but not limited to, facility staff, other residents, consultants, volunteers, and staff from other agencies providing services to individuals, family members or legal guardians, friends, or any other individuals. -The facility will screen employees for a history of abuse, neglect or mistreating residents by attempting to obtain information from previous employers and/or current employers and checking with the appropriate licensing boards and registries. -The facility will not employ individuals who have been convicted of abusing, neglecting or mistreating individuals. -Potential employees are screened for a history of abuse, neglect or mistreating of residents. -Employees were trained through orientation and ongoing training on issues related to abuse prohibition practices. <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>Review of CNA A's employee file showed he/she was hired on 10/12/24 and terminated on 2/17/25 for no call no show.</p> <p>1. Review of Resident #1's admission Record showed he/she was admitted to the facility with the following diagnosis:</p> <ul style="list-style-type: none"> -Mood [Affective] Disorder (a group of mental health conditions characterized by persistent and significant changes in mood, energy levels and behavior). -Major Depressive Disorder (a mood disorder that caused a persistent feeling of sadness and loss of interest), recurrent. <p>Review of the resident's Annual Minimum Data Set (MDS-a federally mandated assessment instrument completed by facility staff for care planning) dated 1/30/25 showed the resident:</p> <ul style="list-style-type: none"> -Was cognitively intact. -Understands others and was understood by others. <p>Review of the resident's undated Care Plan showed:</p> <ul style="list-style-type: none"> -The resident had mood problems with depression, anxiety, and affective mood disorder. -He/she will remain free of signs/symptoms of distress, depression, anxiety, or sad mood. -He/she had a psychosocial well-being problem with anxiety, inability to concentrate, problem solve, ineffective coping, and lack of acceptance to current condition. -Allow the resident time to answer questions and to verbalize feelings, perceptions, and fears for behaviors. <p>Review of the resident's Incident Note dated 2/19/25 at 10:00 A.M. showed:</p> <ul style="list-style-type: none"> -Activities Director notified the Administrator on 2/19/25 of the resident asking about CNA A, because CNA A owed him/her \$150.00. -CNA A asked the resident to borrow the money for court costs. -Director of Nursing (DON) started the investigation immediately by obtaining statements from resident and staff that he/she notified. -Police were contacted and a report was made. -Resident was refunded the money. -CNA A was terminated on 2/17/25, for no call no show. <p>Review of the Activities Director written statement dated 2/19/25 showed:</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>-At approximately 7:00 A.M. the resident stated to him/her that he/she gave CNA A \$150.00.</p> <p>-The resident stated CNA A told him/her that he/she was on house arrest and was short \$150.00.</p> <p>-The resident gave CNA A the \$150.00.</p> <p>-The resident said you know how long it takes me to get \$150.00, since I only gets \$50.00 a month.</p> <p>-The resident tried to call and text CNA A with no reply.</p> <p>-He/she immediately went to the Administrator to report this incident.</p> <p>Review of Social Service Director written statement dated 2/19/25 at 7:45 A.M. showed:</p> <p>-He/she asked the resident when he/she had given CNA A the \$150.00.</p> <p>-The resident said it was within the last two weeks.</p> <p>During an interview on 2/20/25 at 3:02 P.M. Administrator A said:</p> <p>-CNA A was terminated on 2/17/25 for no call no show.</p> <p>-On 2/19/25 he/she was informed that CNA A had asked the resident for \$150.00.</p> <p>-The resident gave the \$150.00 to CNA A as a loan and was to be paid back the next paycheck.</p> <p>-The police were called and gave a report number but said there was nothing they could do about the resident giving CNA A the money since it was a loan.</p> <p>-The \$150.00 was refunded to the resident.</p> <p>During an interview on 2/20/25 at 3:15 P.M. the resident said:</p> <p>-He/she had lent the \$150.00 to CNA A because he/she had asked for money to pay court costs.</p> <p>-CNA A promised to pay him/her back with the next paycheck.</p> <p>-That paycheck came and went and he/she was not paid back.</p> <p>-The next paycheck was coming up but he/she had not seen CNA A working.</p> <p>-He/she was upset and went to the Activities Director and asked him/her about CNA A.</p> <p>-It takes a long time to save that kind of money living at the facility.</p> <p>-He/she was educated on not giving staff anything and staff should not ask for money.</p> <p>-The facility did give him/her back the \$150.00.</p> <p>(continued on next page)</p>

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