

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265581	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/17/2025
NAME OF PROVIDER OR SUPPLIER  Kingdom Care Senior Living LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  811 Center Street Fulton, MO 65251	

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>(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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, facility staff failed to prevent the commingling of nine residents (Resident #6, #7, #8, #9, #10, #11, #12, #13, and #14) personal funds with the facility operating funds out of 13 sampled residents. The facility census was 28. 1. Review of the facility's admission assessment, revised 09/12/25, showed: -The facility must establish and maintain a system that assures a full and complete separate accounting, according to generally accepted accounting principles; -The system must preclude any commingling of resident funds with facility funds or with funds any other person other than the resident; -The individual financial record must be available to the resident through quarterly statements and upon request; -The facility must refund the resident or the resident representative any and all funds due to the resident within 30 days from the date of the resident's discharge. 2. Review of the facility-maintained Accounts Receivable (AR) Aging report, dated 12/17/25, showed the following residents with personal funds held in the facility operating account: Resident Amount Held in Operating Account #6 \$1097.89 #7 \$3316.00 #8 \$8445.00 #9 \$1840.00 #10 \$3698.83 #11 \$1075.00 #12 \$1342.04 #13 \$564.49 #14 \$1380.00 Total \$22,759.25 During an interview on 12/17/25 at 10:25 A.M., the administrator said he/she reviews the facility's AR Aging report monthly when he/she prints the billing statements to send out to the resident or their responsible party. The administrator said if he/she notices a credit owed to a resident he/she will email the Director of Operations (DOO) and the Director of Accounts Payable/Accounts Receivable ([NAME]/AP) to advise them of the credit owed and request a refund be issued at that time. The administrator said he/she cannot issue a refund from the facility or update the AR Aging report. The administrator said resident refunds and updating the AR Aging report are only completed at the corporate level. The administrator said he/she is aware the facility has multiple credits on their AR Aging report and knows refunds are owed to those residents. The administrator said he/she has emailed the DOO and [NAME]/AP multiple times to request the refunds be issued. The administrator said he/she knows all refunds should be issued within 30 days of the resident's discharge date, but he/she is not able to do that as he/she must go through the corporate office to get those completed. The administrator said the DOO is responsible to review the accounts receivable aging report each month, approve credits to be refunded, and notify [NAME]/AP to issue the check. The administrator said the DOO is supposed to ensure the facility gets a copy of the refund check but he/she said those are not sent to the facility so he/she can't track what is refunded timely. The administrator said he/she is aware the facility has credits more than 30 days old that need to be refunded, and he/she said the only reason he/she knows they aren't refunded within 30 days is due to the DOO not approving the refunds timely. The administrator said the facility does not have written permission to hold the resident money after discharge. During an interview on 12/17/25 at 9:45 A.M., the DOO said he/she is responsible to review the facility AR Aging report monthly and ensure all credits are refunded timely. The DOO said refunds are to be issued within 30 days of a resident discharge. The DOO said he/she is the person who makes the decision of when a resident refund is issued. The DOO said once he/she approves the resident refund he/she notifies [NAME]/AP who is responsible to cut the check. The DOO said [NAME]/AP does not issue any checks without his/her approval. The DOO said [NAME]/AP is responsible to update the AR Aging report once he/she issues the refund check. The DOO said he/she is aware [NAME]/AP has not updated the AR Aging report timely. The DOO said they do not send a copy of refund checks to the facility either. The DOO said he/she is aware the facility has outstanding credit balances due to the residents and he/she is aware they have not been issued within the 30-day timeframe. The DOO said he/she does not approve to issue a resident refund timely because sometimes we financially can't do it. The DOO said the facility does not have written permission to hold these credits in the facility operating account. The DOO said the administrator has communicated with him/her regarding approval of resident refunds frequently. Complaint #2695026</p>		