

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265620	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/28/2025
NAME OF PROVIDER OR SUPPLIER Hillcrest Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1108 Clarke Street DE Soto, MO 63020	

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 - Some</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42699</p> <p>Based on interview and record review, the facility failed to ensure 26 residents out of 27 sampled residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25 and #26) were free of misappropriation of their property when Bookkeeper A utilized resident trust accounts and resident cash for his/her own personal use totaling \$20,110. The facility census was 84.</p> <p>The administration was notified on 03/28/25 of the Past Non-Compliance which occurred between 02/06/25 through 02/10/25. On 02/06/25, upon notification, the facility administrator started an investigation, notified the police department and the Department of Health and Senior Services of the misappropriation. The non-compliance was corrected on 02/10/25, as the facility completed disciplinary action for Bookkeeper A, in-serviced staff on the facility's policy and procedure on misappropriation and refunded residents' the amounts misappropriated.</p> <p>Review of the facility's policy entitled, Abuse Prohibition Protocol Manual, dated November 2016, showed:</p> <ul style="list-style-type: none"> -Misappropriation of resident property defined as deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money with the resident's consent; -Employees are educated on Abuse Protocol upon hire and annually. <p>Review of facility policy entitled, Instructions for Daily Cash Box Duties and Reconciliation, undated, showed:</p> <ul style="list-style-type: none"> -Cash box is for residents' personal use and facility shopping for residents only and cash is not to be used to pay bills or reimburse family members; -Cash box reconciliations must be turned in by 4:00 P.M. each day; -Each cash withdrawal must be listed on the reconciliation report; -Three signatures are required on the reconciliation report (Business Office Manager, Administrator or designee and a witness); -A completed and signed disbursement log with a reason for the cash request must be listed; <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 - Some</p>	<p>-A yes or no must be entered if the facility shopped for the resident or not. If cash was used by the facility to shop for the resident, the resident or legal representative must sign the disbursement log to give consent to shop for the resident. Signed receipts must be attached;</p> <p>-If cash is given directly to the resident, the resident must sign the disbursement log. If the resident makes a mark or the signature is not legible, two witness signatures are required;</p> <p>-Do not enter personal spending as the reason for cash disbursement. Must have more detail like shopping at Walmart, vending machine cash or snacks, etcetera;</p> <p>-Cash tickets must be entered in the computer system for each cash withdrawal before sending in the reconciliation form.</p> <p>Review of the facility's investigation summary dated, 02/25/25, showed:</p> <p>-On 02/06/25, Social Services Assistant (SSA) B notified Resident #1's family of the resident's trust account (RTA) getting low on money. Resident #1's family said there was no way this was possible as Bookkeeper A said in January 2024 the RTA had thousands of dollars in it. Resident #1's family said the resident had no concept of money and he/she always takes the resident to the store to buy what the resident needs and the resident's craft items. SSA B said he/she would inform the Administrator so the account could be looked into;</p> <p>-On 02/06/25, Administrator contacted the facility's Financial Consultant (FC) regarding the concern and an audit was started. In-Service was also started regarding Abuse/Neglect Protocol. Bookkeeper A had been out of the facility on leave since 01/17/25. All staff informed Bookkeeper A was not to be in the building pending the investigation. Locks on the bookkeeping office and front office doors were changed;</p> <p>-On 02/10/25, the audit by FC identified seven possible RTAs for misappropriation. Reports were made to Department of Health and Senior Services (DHSS), law enforcement, the local ombudsman and family representatives regarding the possible misappropriation;</p> <p>-On 02/11/25, RTA audits completed and identified five resident RTAs affected (Residents #1, #2, #3, #4 and #5), who had no previous cash withdrawals until after Bookkeeper A took over. Bookkeeper A took the position in 05/2023. Bookkeeper A failed to respond to multiple facility attempts for a statement and termination process was started;</p> <p>-On 02/12/25, Bookkeeper A notified by voicemail employment had been terminated. The five affected residents' family representatives were notified funds were reimbursed;</p> <p>-On 02/13/25, Resident #6 was reimbursed due to facility being unable to determine if there resident requested money, as the request was not signed off per facility policy;</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 - Some</p>	<p>Review of facility cash receipt book audits, dated 03/03/25 through 03/07/25, where Bookkeeper A signed the receipts, showed:</p> <ul style="list-style-type: none"> -On 03/03/25, Resident #9's room and board paid by the resident's representative with funds not deposited for the receipts given and no receipts for deposits from September 2024 through January 2025 with a total of \$12885; - A receipt for Resident #10 of \$50 but no RTA account, no petty cash deposit and no RTA deposit record; - A receipt for Resident #11 of \$30 but no RTA account, no petty cash deposit and no RTA deposit record; -Receipts for Resident #12 totaling \$160 but no RTA account, no petty cash deposit and no RTA deposit record; -Receipts for Resident #13 totaling \$260 with no petty cash deposit and no RTA deposit; -Receipts for Resident #14 totaling \$200 with no RTA account, no petty cash deposit and no RTA deposit record; -Receipts for Resident #15 totaling \$100 with no petty cash deposit and no RTA deposit; -Receipt for Resident #16 of \$20 but no RTA account, no petty cash deposit and no RTA deposit record; -Receipt for Resident #17 of \$50 with no petty cash deposit and no RTA deposit and resident; -Receipt for Resident #18 of \$100 with no RTA account, no petty cash deposit and no RTA deposit record; -Receipts for Resident #19 totaling \$60 with no RTA account, no petty cash deposit and no RTA deposit record; -Receipt for Resident #20 of \$20 with no RTA account, no petty cash deposit and no RTA deposit record; -Receipt for Resident #21 of \$60 with no RTA account, no petty cash deposit and no RTA deposit record; -Receipt for Resident #22 of \$40 with no RTA account, no petty cash deposit and no RTA deposit record; -Receipt for Resident #23 of \$20 with no RTA account, no petty cash deposit and no RTA deposit record; -Receipt for Resident #24 of \$20 with no RTA account, no petty cash deposit and no RTA deposit record; <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 - Some</p>	<p>-Receipt for Resident #25 of \$50 with no RTA account, no petty cash deposit and no RTA deposit record;</p> <p>-Receipt for Resident #26 of \$30 with no RTA account, no petty cash deposit and no RTA deposit record.</p> <p>9: Review of Resident #9's face sheet showed:</p> <p>-admitted [DATE];</p> <p>-Diagnoses of intellectual disabilities, schizoaffective disorder (a condition characterized by abnormal thought processes and deregulated emotions), parkinsonism, and depression;</p> <p>-Significant change MDS, dated [DATE], showed severe cognitive impairment.</p> <p>10: Review of Resident #10's face sheet showed:</p> <p>-admitted [DATE];</p> <p>-date of death [DATE];</p> <p>-Diagnoses of vascular dementia (decline in thinking due to decreased blood flow to areas of the brain), malignant neoplasm of the liver (liver cancer), pain and type 2 diabetes mellitus (high blood sugars).</p> <p>11: Review of Resident #11's face sheet showed:</p> <p>-admitted [DATE];</p> <p>-date of death [DATE];</p> <p>-Diagnoses of lung cancer, liver cancer and bone cancer.</p> <p>12: Review of Resident #12's face sheet showed:</p> <p>-admitted [DATE];</p> <p>-date of death [DATE];</p> <p>-Diagnoses of hypertension, chronic kidney disease requiring dialysis, hypertension, diabetes and atrial fibrillation;</p> <p>-Significant change MDS, dated [DATE] showed moderate cognitive impairment.</p> <p>13: Review of Resident #13's face sheet showed:</p> <p>-admitted [DATE];</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 - Some</p>	<p>-Diagnoses of Brown-Sequard syndrome (lesion in one (lateral) half of the spinal cord resulting in a specific pattern of symptoms on one side of the body), hypertension, congestive heart failure (heart doesn't pump blood as well as it should) and major depressive disorder;</p> <p>-Significant change MDS, dated [DATE], showed cognitively intact.</p> <p>14: Review of Resident #14's face sheet showed:</p> <p>-admitted [DATE];</p> <p>-date of death [DATE];</p> <p>-Diagnoses of schizophrenia, vision loss, anxiety disorder, COPD and depression.</p> <p>15: Review of Resident #15's face sheet showed:</p> <p>-admitted [DATE];</p> <p>-date of death [DATE];</p> <p>-Diagnoses of hypertension, dementia, chronic kidney disease and major depressive disorder;</p> <p>-Significant change MDS, dated [DATE], showed moderate cognitive impairment.</p> <p>16: Review of Resident #16's face sheet showed:</p> <p>-admitted [DATE];</p> <p>-Diagnoses of heart failure, posterior displaced type II dens fracture (a break through a specific part of C2, the second bone in the neck), restlessness and agitation, chronic kidney disease and Parkinson's.</p> <p>17: Review of Resident #17's face sheet showed:</p> <p>-admitted [DATE];</p> <p>-date of death [DATE];</p> <p>-Diagnoses of cerebral infarction (stroke), anxiety disorder, fracture of part of the neck of the femur (break in neck of femur bone, the long bone of the leg), depression, hypertension, atrial fibrillation and chronic kidney disease.</p> <p>18: Review of Resident #18's face sheet showed:</p> <p>-admitted [DATE];</p> <p>-discharged [DATE];</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 - Some</p>	<p>During an interview on 02/25/25 at 11:49 A.M., Resident #6 said he/she is able to go to the office to get money if he/she needs it. Resident #6 said Bookkeeper A has come to his/her room before and had him/her sign a form but did not receive any money after signing the form.</p> <p>During an interview 02/25/25 at 1:45 P.M., SSA said he/she had not seen Resident #1, Resident #2, Resident #3, Resident #4 or Resident #5 in the business office requesting money and is not sure they would even know how. SSA said he/she had not seen these residents ever having money on them.</p> <p>During and interview on 02/25/25, FA said Bookkeeper A received the appropriate training in regards to how RTAs are to be handled. Facility policy requires two witness signatures any time cash is given out of the cash box. When cash is received in the office for a resident account, a receipt should be given and the money should be deposited and the residents' RTA updated with the deposited amount.</p> <p>During an interview on 02/25/25 the Administrator said when a resident receives cash, the resident is to sign the log, as well as the person handing out the money, as well as a witness. The Administrator said it is never okay for an employee to take funds from a resident.</p> <p>Review of Bookkeeper A's employee filed showed he/she completed the facility bookkeeping training on 05/31/23.</p> <p>During an interview on 03/25/25 at 2:00 P.M., the Police Department said multiple attempts have been made to get an interview with Bookkeeper A before presenting the evidence to the prosecuting attorney. Bookkeeper A has not cooperated in speaking with the police department and has hired an attorney.</p> <p>Complaint# MO00249344</p>		