

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265649	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2024
NAME OF PROVIDER OR SUPPLIER Anew Healthcare Sarcoxie		STREET ADDRESS, CITY, STATE, ZIP CODE 1505 Miner Sarcoxie, MO 64862	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34871</p> <p>Based on interviews and record review, the facility failed to act as a fiduciary and properly manage residents' funds when the facility failed to ensure resident fund balances over \$100.00 (or over \$50.00 if the resident received Medicaid) were placed in an interest bearing account for four residents (Resident #1, #2, #3, and #6) and when the facility failed to maintain a petty cash fund on hand that ensured all resident could receive requests of less than \$100.00 (or less then \$50.00 if the resident received Medicaid) same day for three residents (Resident #1, #4, and #5). The facility census was 35.</p> <p>1. Review of the facility policy 'titled Anew Healthcare Management, dated 2019, showed the following:</p> <ul style="list-style-type: none"> -The facility does not require residents to deposit their personal funds with the facility. If a resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility shall act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility. -The facility shall deposit any residents' personal funds in excess of \$100 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. -The facility shall maintain a resident's personal funds that do not exceed \$100 in a non-interest bearing account, interest-bearing account, or petty cash fund. <p>2. Review of Resident #1's face sheet (admission data) showed the resident admitted on [DATE].</p> <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment tool completed by facility staff), dated 08/12/24, showed the resident's cognitive skills were intact.</p> <p>Review of the resident's authorization for patient account, dated 05/07/24, showed the resident signed to delegate the nursing facility to handle his/her financial transactions on his/her behalf.</p> <p>Review of the facility's maintained resident fund account spreadsheet, labeled checking, showed the following:</p> <ul style="list-style-type: none"> -On 07/25/24. the resident deposited of \$800.00 making the resident's account balance \$900.00; <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>-On 07/26/24, a check written to self for the resident to withdraw \$65.00 for an ending balance of \$835.00.</p> <p>During interviews on 08/27/24, at 10:48 A.M. and 2:24 P.M., the Administrator said on 07/26/24 the resident had an ending balance of \$835.00 in the checking account and she had not transferred the amount to the interest bearing savings account. The checking account was not interest bearing.</p> <p>3. Review of Resident #2's face sheet showed the resident admitted on [DATE].</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the resident's cognitive skills were intact.</p> <p>Review of the resident's authorization for patient account dated 07/26/23 showed the resident's representative signed to delegate the nursing facility to handle his/her financial transactions on his/her behalf.</p> <p>Review of the facility's maintained resident fund account spreadsheet, labeled checking, showed on 07/22/24 the resident with an ending balance of \$849.35.</p> <p>During interviews on 08/27/24, at 10:48 A.M. and 2:24 P.M., the Administrator said she did not pay a bill for the resident which is the reason the large amount was in the checking account. The checking account was not an interest bearing account.</p> <p>4. Review of Resident #3's face sheet showed the resident admitted on [DATE].</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the resident had severely impaired cognitive skills.</p> <p>Review of the resident's authorization for patient account, dated 08/3/21, showed the resident's representative signed to delegate the nursing facility to handle his/her financial transactions on his/her behalf.</p> <p>Review of the facility's maintained resident fund account spreadsheet, labeled checking, showed on 07/22/24 the resident with an ending balance of \$178.10.</p> <p>During interviews on 08/27/24, at 10:48 A.M. and 2:24 P.M., the Administrator said the resident had an ending balance of \$178.10 in the checking account which she had not transferred over to the savings account. The checking account was not interest bearing.</p> <p>5. Review of Resident #6's face sheet showed the resident admitted to the facility on [DATE].</p> <p>Review of the resident's significant change in status MDS, dated [DATE], showed the resident had severely impaired cognitive skills.</p> <p>Review of the resident's authorization for patient account, dated 05/17/24, showed the resident's representative signed to delegate the nursing facility to handle his/her financial transactions on his/her behalf.</p> <p>(continued on next page)</p>

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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>Review of the facility maintained resident fund account spreadsheet, dated 07/03/24, labeled checking, showed the resident with an ending balance of \$100.70.</p> <p>During interviews on 08/27/24, at 10:48 A.M. and 2:24 P.M., the Administrator said she had not transferred over the resident's amount from checking to savings. The checking account was not interest bearing.</p> <p>6. During interviews on 08/27/24, at 10:48 A.M. and 2:24 P.M., the Administrator said the following:</p> <ul style="list-style-type: none"> -The checking accounts is not an interest bearing account; -The residents missed accrued interest on the savings account due to her not transferring the funds from checking to savings; -She is responsible for transferring funds from the residents' checking account to the saving accounts which are interest bearing accounts; -She did not transfer the funds from checking to savings due to she had been busy; -She should have transferred the money from the resident's checking accounts to savings account in order to accrue interest. <p>7. Review of the facility policy 'titled Anew Healthcare Management, dated 2019, showed the following:</p> <ul style="list-style-type: none"> -Residents shall have access to petty cash on an ongoing basis and be able to arrange for access to larger funds. Although the facility need not maintain \$100.00 per resident on its premises, it is expected to maintain petty cash on hand to honor resident requests. <p>8. Review of Resident #1's face sheet showed the resident admitted on [DATE].</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the resident's cognitive skills were intact.</p> <p>Review of the resident's authorization for patient account, dated 05/07/24, showed the resident signed to delegate the nursing facility to handle his/her financial transactions on his/her behalf.</p> <p>Review of the facility's maintained resident fund account spreadsheet, labeled checking, showed as of 07/26/24, the resident had a balance of \$835.00.</p> <p>During an interview on 08/27/24, at 1:43 P.M., the resident said he/she would like his/her personal funds immediately upon request.</p> <p>9. Review of Resident #4's face sheet showed the resident admitted to the facility on [DATE].</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the resident's cognitive skills were intact.</p> <p>(continued on next page)</p>		

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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>Review of the resident's authorization for patient account dated 04/10/18 showed the resident signed to delegate the nursing facility to handle his/her financial transactions on his/her behalf.</p> <p>During an interview on 08/27/24, at 1:51 P.M., the resident said he/she would want his/her requested money within a day.</p> <p>10. Review of Resident #5's face sheet showed the resident admitted to the facility on [DATE].</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the resident's cognitive skills were intact.</p> <p>Review of the resident's authorization for patient account, dated 07/22/22, showed the resident signed to delegate the nursing facility to handle his/her financial transactions on his/her behalf.</p> <p>During an interview on 08/27/24, at 1:47 P.M. the resident said he/she asked for money before lunch and the staff bring it to him/her in the afternoon. He/she would like the cash immediately.</p> <p>11. During an interview on 08/27/24, at 1:47 P.M., the Social Service Director (SSD) said the following;</p> <ul style="list-style-type: none"> -She goes to the bank for resident requested funds; -If a resident wants cash, the Administrator writes out the check which the SSD takes to the bank to cash and gives to the resident; -She goes to the bank the first of the month a few times and whenever a resident requests cash from his/her resident fund account; -She goes to the bank at noon for requested cash and if a resident asks for cash after 3:00 P.M., she goes the following day. <p>12. During interview on 08/27/24, at 10:48 A.M. and 2:24 P.M., the Administrator said the following:</p> <ul style="list-style-type: none"> -The facility did not maintain petty cash on hand at the facility; -Residents ask her or the SSD for cash; -She writes a check, the resident endorses it, and she or the SSD takes it to the bank for cash when a resident requests funds; -Staff bring the cash to the resident from the bank; -Residents sign a form to withdraw money and staff witness the signature. <p>MO00241112</p>		