

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265735	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER Estates of Hidden Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 11728 Hidden Lake Drive Saint Louis, MO 63138	

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>U4413</p> <p>Based on record review and interview, the facility failed to ensure resident funds were placed in an account separate from the facility operating account. The facility did not provide residents with refunds of their personal funds from the operating account in a timely manner for 26 residents (Resident #1, #2, #3, #4, #5, #7, #8, #9, #10, #11, #12, #13, #14, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27 and #28). The facility census was 50.</p> <p>1. Record review of the facility maintained Accounts Receivable (A/R) Aging Report, dated 11/22/24, showed the following residents with personal funds held in the facility operating account.</p> <p>Resident Amount Held in Operating Account</p> <p>#1 \$8,139.85</p> <p>#2 \$5,896.30</p> <p>#3 \$1,200.00</p> <p>#4 \$6,559.70</p> <p>#5 \$3,439.81</p> <p>#7 \$148.90</p> <p>#8 \$381.49</p> <p>#9 \$6,362.00</p> <p>#10 \$2,625.00</p> <p>#11 \$34,606.68</p> <p>#12 \$3,354.86</p> <p>#13 \$4.37</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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F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>#14 \$75.00</p> <p>#16 \$59,357.03</p> <p>#17 \$4,260.00</p> <p>#18 \$631.67</p> <p>#19 \$3,035.54</p> <p>#20 \$4,696.00</p> <p>#21 \$2,338.06</p> <p>#22 \$4,829.96</p> <p>#23 \$641.89</p> <p>#24 \$3,508.81</p> <p>#25 \$1,459.04</p> <p>#26 \$4,846.00</p> <p>#27 \$2,363.48</p> <p>#28 \$1.90</p> <p>Total \$164,763.34</p> <p>During email correspondence on 11/26/24 at 2:13 P.M., 2:52 P.M., 3:41 P.M. and 4:24 P.M., the Business Office Manager (BOM) said Residents #3, #8, #9, #10, #13, #14, #19, #23, #25 and #28 are valid credits and should be refunded. The BOM said more research would need to be completed for Residents #1, #2, #4, #5, #7, #11, #16, #17, #18, #20, #21, #22, #26 and #27 to verify if they are valid credits. Resident #12 owes a private co-insurance balance and the BOM is checking to see if the credit can be applied. Resident #24 has a valid credit and the money should be refunded to the resident trust account.</p> <p>During an interview on 12/11/24 at 4:24 P.M., the Administrator said the facility was not aware of the credit balances in the Accounts Receivable Account.</p> <p>MO00245395</p>

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<p>F 0570</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure the security of all personal funds of residents deposited with the facility.</p> <p>U4413</p> <p>Based on record review and interview, the facility failed to maintain a surety bond sufficient to ensure the protection of resident funds. The facility census was 50.</p> <p>Review of the facility maintained Resident Trust Bank Statements for the period 06/2024 through 11/2024, showed an average monthly balance of \$19,158.19.</p> <p>Review of the facility maintained Accounts Receivable (A/R) Aging Report, dated 11/22/24, showed the facility held a balance of resident funds in the amount of \$164,763.34.</p> <p>Review on 12/11/24 of the Department of Health and Senior Services approved bond list showed the facility had a \$30,000 approved bond, making the bond insufficient by \$246,000.00.</p> <p>During an interview on 12/11/24 at 4:24 P.M., the Administrator said the facility was not aware of the credit balances in the Accounts Receivable Account and the credits will be corrected, or the bond will be increased.</p> <p>MO00245395</p>