

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265773	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Worth County Convalescent Center		STREET ADDRESS, CITY, STATE, ZIP CODE 503 East Fourth Grant City, MO 64456	

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 record review and interview, facility staff failed to prevent the misappropriation of one resident's (Resident #1) credit card which was used without authorization of the resident or the resident's financial guardian. The credit card was used between the dates of November 30, 2024 and February 22, 2025 with total charges to the card of \$348.23. The facility census was 27 residents.</p> <p>Review of the facility policy titled, Abuse and Neglect, dated 4/10/24 showed:</p> <ul style="list-style-type: none"> -It is the policy that all residents be free from financial exploitation; -Financial exploitation is a misappropriation of resident property. Misappropriation of resident property means the deliberate misplacement, exploitation or wrongful use of a resident's belongings, or money without the resident's consent; -The Administrator will conduct all investigations. A formal investigation shall begin immediately and include: interviews with all staff, interview facility residents and document that interviews were completed. <p>Review of Resident #1 Quarterly Minimum Data Set (MDS: a federally mandated assessment tool completed by facility staff) dated 4/18/25 showed:</p> <ul style="list-style-type: none"> -No cognitive impairment; -Supervision by staff for completion of Activities of Daily Living (ADL's: tasks completed in a day to care for ones self); -Diagnoses included: Anxiety, major depression, unsteadiness, diabetes and stroke. <p>Record review on 5/15/25 showed no notes of when the card was in the resident's possession or that the card was missing.</p> <p>Record review on 5/15/25 of the one page summary from the Administrator showed:</p> <ul style="list-style-type: none"> -She was notified on 4/21/25 by Resident #1's Financial Power of Attorney (POA) of 9 charges on the resident's card between November 2024 and February 2025 that the resident did not incur or approve, and POA did not approve or incur. <p>Record review on 5/15/25 of the provided bank statements showed:</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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- November to December 2024 charges for vending on 11/30 and 12/3 for \$2.10 each, gas station on 12/9 for \$34.53, and vending on 12/9, 12/11, 12/14 and 12/16 for a total of \$13.15 and gas station on 12/16 for \$50.00 for a total of \$101.88;</p> <p>-December 2024 to January 2025 charges to a gas station on 12/26 for \$45.00, 1/4 for \$40, 1/13 for \$64 and vending on 1/20 for \$2.35 for a total of \$151.35;</p> <p>-January to February 2025 charges to a gas station on 1/25 for \$50 and 1/29 for \$45. For a total of \$95;</p> <p>-Total unauthorized charges on the card were \$348.23.</p> <p>During an interview on 5/9/25 at 12:27 P.M. the Administrator said:</p> <p>-She was not aware the resident had a debit card;</p> <p>-She only interviewed with the resident and family involved;</p> <p>-She notified the Sheriff's office and they were performing an investigation;</p> <p>-The last time Resident #1 remembered having the card was before a room move about a year ago;</p> <p>-The facility does not have surveillance cameras.</p> <p>During an interview on 5/9/25 at 1:04 P.M. Resident #1 said:</p> <p>-He/She kept a debit card in his/her bag in a drawer;</p> <p>-He/She thought it was safe;</p> <p>-He/She only used the card for gas when he/she went to a doctor's appointment;</p> <p>-He/She had not given the card to anyone;</p> <p>-He/She had not given permission to anyone to use the card;</p> <p>-He/She did not realize the card was missing until the financial POA told him/her;</p> <p>-He/She thought it was pretty bad someone would do that to a resident in a nursing home.</p> <p>Observation on 5/9/25 at 1:04 P.M. showed:</p> <p>-A 2 drawer dresser was in the resident's room;</p> <p>-There were no locks on the dresser drawers;</p> <p>-There was a purse in the dresser drawer.</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>During an interview on 5/15/25 at 11:57 A.M. Certified Nurse Aide A said:</p> <ul style="list-style-type: none"> -He/She cared for Resident #1; -He/She was not aware the resident had a debit card; -He/She thought the resident had a purse, but was unsure. <p>During an interview on 5/19/25 at 1:00 P.M. Sheriff Deputy A said:</p> <ul style="list-style-type: none"> -The facility Administrator notified the Sheriff office of a missing debit card on April 21, 2025; -He/She talked with the resident and the family; -There is a suspect and the investigation was on going. <p>MO253079</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on interview and record review, the facility failed to follow their policy to maintain documentation and complete a thorough investigation of an alleged violation of misappropriation of resident funds after the facility was informed by the resident's Financial Power of Attorney, that Resident #1's debit card had unapproved charges from November 30, 2024 to February 22, 2025. The facility census was 27.</p> <p>Review of the facility policy titled, Abuse and Neglect, dated 4/10/24 showed:</p> <ul style="list-style-type: none"> -Financial exploitation is a misappropriation of resident property. Misappropriation of resident property means the deliberate misplacement, exploitation or wrongful use of a resident's belongings, or money without the resident's consent; -The Administrator will conduct all investigations. A formal investigation shall begin immediately and include: interviews with all staff, interview facility residents, request written statements from involved parties and document that interviews were completed. <p>Review of Resident #1 Quarterly Minimum Data Set (MDS: a federally mandated assessment tool completed by facility staff) dated 4/18/25 showed:</p> <ul style="list-style-type: none"> -No cognitive impairment; -Supervision by staff for completion of Activities of Daily Living (ADL's: tasks completed in a day to care for ones self) -Diagnoses of anxiety, major depression, unsteadiness, diabetes and stroke. <p>Record review on 5/15/25 showed no notes of when the debit card was in the resident's possession or that the debit card was missing.</p> <p>Record Review on 5/15/25 of the one page summary from the Administrator showed:</p> <ul style="list-style-type: none"> -She was notified on 4/21/25 by Resident #1's Financial Power of Attorney (POA) of 9 charges on the resident's debit card between November 2024 and February 2025 that the resident did not incur or approve, and the POA did not approve or incur; <p>Record review on 5/15/25 of the provided bank statements showed:</p> <ul style="list-style-type: none"> - November to December 2024 charges for vending on 11/30 and 12/3 for \$2.10 each, gas station on 12/9 for \$34.53, and vending on 12/9, 12/11, 12/14 and 12/16 for a total of \$13.15 and gas station on 12/16 for \$50.00 for a total of \$101.88 -December 2024 to January 2025 charges to a gas station on 12/26 for \$45.00 , 1/4 for \$40, 1/13 for \$64 and vending on 1/20 for \$2.35 for a total of \$151.35 -January to February 2025 charges to a gas station on 1/25 for \$50 and 1/29 for \$45. For a total of \$95 <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Total charges on the card were \$348.23.</p> <p>During an interview on 5/9/25 at 12:27 P.M. the Administrator said:</p> <p>-She only interviewed the resident and family involved;</p> <p>-She did not interview other residents or staff about missing money or items;</p> <p>-She notified the Sheriff's office and they were performing an investigation.</p> <p>During an interview on 5/9/25 at 1:04 P.M. Resident #1 said:</p> <p>-He/She kept a debit card in his/her bag in a drawer;</p> <p>-He/She thought it was safe;</p> <p>-The Administrator and someone from the Sheriff's office talked to him/her after the card went missing.</p> <p>Observation on 5/9/25 at 1:04 P.M. showed:</p> <p>-A two drawer dresser was in the resident's room;</p> <p>-There were no locks on the dresser drawers;</p> <p>-There was a purse in the dresser drawer.</p> <p>During an interview on 5/15/25 at 11:57 A.M. Certified Nurse Aide A said:</p> <p>-He/She cared for Resident #1;</p> <p>-He/She was not aware the resident had a debit card;</p> <p>-He/She thought the resident had a purse, but was unsure.</p> <p>During an interview on 5/19/25 at 1:00 P.M. Sheriff Deputy A said:</p> <p>-The facility Administrator notified the Sheriff office of a missing debit card on April 21, 2025.</p> <p>MO253079</p>		