

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265794	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Heisinger Bluffs Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1002 West Main Street Jefferson City, MO 65109	

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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42815</p> <p>Based on interview and record review, facility staff failed to refund resident funds within 30 days of discharge from the facility for three residents (Resident #1 and #3) out of three sampled residents. The facility census was 49.</p> <ol style="list-style-type: none"> The facility did not provide a policy for refunding monies owed to a resident or his/her representative after a resident discharges from the facility. Review of the Resident #1's Discharge Assessment Minimum Data Set (MDS), a federally mandated assessment tool, dated 02/06/24, showed staff assessed the resident as: <ul style="list-style-type: none"> -Moderate cognitive impairment; -admitted [DATE]; -discharge date [DATE]. <p>Review of the resident's Transfer/Discharge report, undated, showed the resident admitted to the facility on [DATE] and discharged from the facility on 02/06/24.</p> <p>Review of the facilities Accounts Receivable Aging Report, undated, showed a balance due to the resident or his/her representative in the amount of \$2,993.25. The refund had not been sent to the resident or his/her representative.</p> <p>During an interview on 07/03/24 at 1:49 P.M., the Business Office Manager (BOM) said Resident #1's credit balance just showed up on the accounts receivable report.</p> Review of the Resident #3's Discharge Assessment MDS, dated [DATE], showed staff assessed the resident as: <ul style="list-style-type: none"> -admitted [DATE]; -discharge date [DATE]. <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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facilities Admission/Discharge report, undated, showed the resident was discharged home on 04/01/24.</p> <p>Review of the facilities Refund Request Form, dated 06/07/24, showed a refund was requested in the amount of \$7,072.00.</p> <p>Review of the facility check, dated 06/21/24, showed in the amount of \$7072.00.</p> <p>During an interview on 07/03/24 at 1:49 P.M., the BOM said he/she dropped the ball when he/she did not send out Resident #3's refund in a timely manner.</p> <p>5. During an interview on 07/03/24 at 1:49 P.M., the BOM said he/she was responsible to request refunds due to the resident or his/her representative. He/She said he/she did not know the timeframe for refunding the resident or their representatives. He/She said staff did not tell him/her when a resident was discharged from the facility. The BOM said he/she reviewed the accounts receivable report monthly to verify if there are payments owed to the resident or their representative. He/She said he/she believed refunds needed to be sent out within ninety days.</p> <p>During an interview on 07/03/24 at 1:54 P.M., the administrator said the BOM was responsible to ensure monies owed to the resident or their representative was refunded back to them. He/She said there was no audit system in place to verify if all refunds were sent out in a timely manner. The administrator said he/she was told refunds needed to be sent out within ninety days.</p> <p>MO00237561</p>		