

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265799	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Neighborhoods at Quail Creek, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1514 West Lark Springfield, MO 65810	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40769</p> <p>Based on record review and interview, the facility failed to keep all residents free from misappropriation when one staff member (Certified Nurse Aide (CNA) A) asked for and then took money from one resident (Resident #1). The facility census 99.</p> <p>On 03/20/24, at approximately 9:45 A.M., the Administrator was notified of the Past Non-Compliance that occurred on 01/24/24. The Administrator immediately started an investigation, notified DHSS by self-report on 03/20/24, at 12:29 P.M., and notified the police on 03/20/24, at 11:47 A.M. All facility staff were notified of required training and completed the computer misappropriation training 03/20/24. CNA A was terminated on 03/20/24 due to not following the facility's policy. The facility implemented continued abuse and neglect training at orientation and quarterly. The staff development nurse will randomly review abuse and neglect competencies with staff on varying shifts. The Administrator or designee will review monthly for the next 90 days and the results will be reviewed in the monthly QAPI (quality assurance performance improvement) meeting. The noncompliance was corrected on 03/20/24.</p> <p>Review of the facility policy, Abuse, Neglect, Exploitation or Misappropriation Prevention Program, revised 04/2021, showed the following:</p> <ul style="list-style-type: none"> -The facility has developed and implemented this policy and procedure to prohibit abuse, neglect, exploitation or misappropriation of property by any perpetrator including, but not exclusive to any staff member or volunteer of the facility or any contracted agency staff, vendors, family member or visitors of a resident or other residents, or any other resident; -Each resident has the right to be free from all types of abuse; -Exploitation means taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion; -Mistreatment means inappropriate treatment or exploitation of a resident; -Reasonable person concept is the psychosocial combined influences or psychological factors of social environment, physical, emotional and or mental wellness effects on a reasonable person if in the resident's position. <p>Review of the facility's Senior Living Handbook, dated October 2020, showed the following:</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265799	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Neighborhoods at Quail Creek, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1514 West Lark Springfield, MO 65810	
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>-Steer clear of conflicts of interest.</p> <p>-Playing favorites or having conflicts of interest (in practice or in appearance) are activities which run counter to the fair treatment to which we are all entitled. Employees and affiliates must avoid any relationship, influence, or situation that might impair, or appear to impair, abilities to make objective and fair decisions when meeting their responsibilities. Employees must fully disclose the facts of any questionable situation to their supervisor of the Chief Compliance Officer;</p> <p>-Some examples of potential conflict of interest might include, acceptance of payment or service from customers or vendors;</p> <p>-Avoid illegal or questionable gifts or favors;</p> <p>-As long as the interaction does not violate a policy of the recipient's organization, it is an acceptable practice to provide meals, refreshment, entertainment and continuing professional education seminars and materials of reasonable value in conjunction with business and professional discussions with non-governmental personnel. The acceptance of gifts greater than \$25.00 or less from customers, potential customers or vendors is prohibited unless specifically coordinated by the [NAME] President of Human Resources. Federal, state, and local government departments and agencies are governed by laws and regulations concerning acceptance by their employees or entertainment, meals, gifts, gratuities, and other things of value from firms and persons with whom these departments and agencies have business relations or over whom they have regulatory authority.</p> <p>1. Review of Resident #1's face sheet (a snapshot of resident information) showed the following:</p> <p>-admitted [DATE];</p> <p>-Diagnoses included congestive heart failure (CHF - complex clinical syndrome characterized by inefficient myocardial performance, resulting in compromised blood supply to the body), pneumonia, quadriplegia C5-C7 (paralysis of all four limbs), and chronic pain;</p> <p>-Responsible for self.</p> <p>Review of the resident's care plan, dated 11/07/22, showed the following:</p> <p>-The resident had behaviors and fixations on his/her medical issues and tended to elaborate on incidences, mislead occurrences, decline to follow physicians orders and recommendations, and attempt to manipulate staff to get what he/she wants;</p> <p>-The resident will have his/her needs anticipated and met over the review period;</p> <p>-Be patient with the resident. It is difficult not to be able to walk and do everyday things him/herself, health is what he/she can control;</p> <p>-Educate caregivers on successful coping and interaction strategies;</p> <p>-Explain all procedures to him/her before starting and allow him/her time to adjust to change;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265799	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Neighborhoods at Quail Creek, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1514 West Lark Springfield, MO 65810	
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>-Explain/reinforce why behavior is inappropriate and /or unacceptable.</p> <p>-The resident wants to live at the facility with pride, dignity, and independence to their fullest potential;</p> <p>-The resident wants to be treated with the same dignity that they would be treated in their own home;</p> <p>-The resident has some cognitive decline and may need extra help at times.</p> <p>Review of the resident's annual Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 03/11/24, showed the following:</p> <p>-Resident is cognitively intact;</p> <p>-Resident had exhibited no behaviors in the assessment period;</p> <p>-Resident requires maximal/substantial assistance for sit to stand transfers.</p> <p>Review of the facility's investigation, dated 03/20/24, showed the following:</p> <p>-On 03/20/24, at approximately 9:45 A.M., the resident met with the Administrator in regard to a gift that he/she had given to CNA A on 01/24/24. Per policy, the Administrator notified the Regional Operations Director and Regional Nurse Consultant. An investigation regarding the incident was started immediately and a message was left with the Department of Health and Senior Services (DHSS) at approximately 11:00 A.M. to determine if this was a reportable incident. The accused employee was suspended pending the results of the investigation;</p> <p>-The resident provided a signed check from him/her to CNA A, dated 01/24/24 for \$2,000;</p> <p>-The resident said CNA A accidentally merged the resident into a phone call. During the phone the resident heard CNA A say the resident was obsessed with him/her;</p> <p>-The resident came forward at this time so CNA A could not direct this into a scenario where the resident was trying to buy his/her love;</p> <p>-The resident said the money was to help with the CNA's child's surgery. CNA A would bring his/her child in when he/she worked during the weekend to see the resident;</p> <p>-CNA A said the resident gave him/her the check to cash and give to one of his/her friends. CNA A could not produce any witnesses or receipts. The resident tried to kiss him/her and this is what caused him/her to come forward;</p> <p>-CNA A violated the facility's Code of business Conduct and Ethics section 9. The acceptance of gifts greater than \$25.00 or less from customers.</p> <p>During an interview on 04/11/24, at 10:20 A.M., the resident said the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265799	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Neighborhoods at Quail Creek, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1514 West Lark Springfield, MO 65810	
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>-On about the third week of January 2024, CNA A told the resident that his/her child needed a surgery. CNA brought his/her child into the facility and showed him/her the child to show that he/she needed the surgery;</p> <p>-CNA A asked him/her for \$500 dollars to pay for the surgery and he/she said okay. CNA A then asked for \$2,000 to pay for his/her daughter's surgery;</p> <p>-CNA A wrote out the check and he/she signed it;</p> <p>-In late March 2024, CNA A called him/her on his/her cell phone. He/she then got another call and thought he/she hung up on the resident. CNA A had actually made it a three way call. CNA A said the resident was infatuated with him/her and that the resident would not leave her alone. He/she called him back and became defensive and emotional when the resident confronted him/her about it and told him/her he/she would not give him/her anymore money. He/she felt like the way he/she talked about him/her was inappropriate and unprofessional;</p> <p>-He/she reported to Registered Nurse (RN) B about the incident. He/she felt like he/she should tell the Administrator about giving CNA A the money.</p> <p>Observations on 04/11/24, at 1:51 P.M., showed the resident pulled up the deposited check to CNA A, dated 01/24/24 for \$2,000 dollars, on his/her computer.</p> <p>During an interview on 04/11/24, at 10:45 A.M., CNA C said it is not appropriate to ask a resident for money and it is not appropriate to take money from a resident.</p> <p>During an interview on 04/18/24, at 11:24 A.M., CNA E said the following:</p> <p>-He/she was aware that CNA A and the resident would call each other on their cell phones. He/she did not feel this was really appropriate;</p> <p>-It is not ever appropriate to ask a resident for money. They are dependent on staff for care and that seems really wrong and could be manipulative. A staff member should not take money from a resident.</p> <p>During an interview on 04/11/24, at 10:48 A.M., Licensed Practical Nurse (LPN) D said he/she had been educated about misappropriation many times by the facility with the last education being in March. It is not appropriate to take money from a resident and is considered misappropriation.</p> <p>During an interview on 04/11/24, at 2:59 P.M., RN C said the following:</p> <p>-On 03/19/24, at around 8:30 P.M., the resident told him/her that he/she had given money to someone that he/she was trying to help out. The resident did not say how much money;</p> <p>-He/she knows it is not appropriate for staff to accept money from residents or to ask for money from residents;</p> <p>-He/she told him he/she had to report it to the Director of Nursing (DON) and Administrator and he/she did so;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265799	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Neighborhoods at Quail Creek, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1514 West Lark Springfield, MO 65810	
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>-The resident also told him/her about a merged phone call where the resident heard CNA A say the resident was obsessed with him/her and the resident and CNA A had gotten into an argument;</p> <p>-He/she did not feel like it was appropriate for a CNA to have the resident's personal cell phone number.</p> <p>During an interview on 04/18/24, at 11:09 P.M., the Social Services Director (SSD) said it is not appropriate to take money from a resident. It could be misappropriation due to it being a conflict of interest. Staff should not ask a resident for money.</p> <p>During an interview on 04/11/24, at 2:07 P.M., the DON said the following:</p> <p>-It is not appropriate to take money from a resident or to ask a resident for money. He/she was not aware of the CNA taking any money from the resident until he/she reported it in March;</p> <p>-The staff should be professional and residents should not be aware of what is going on in their personal lives;</p> <p>-CNA A initially said he/she was giving the money to someone else for the resident, but then admitted to cashing the \$2,000.00 check from the resident which was against policy.</p> <p>During an interview on 04/18/24, at 2:25 P.M., the Administrator and DON said the following:</p> <p>-It is not appropriate for a staff member to ever ask a resident for money;</p> <p>-It is against policy for a staff member to accept a gift of money more than \$25.</p> <p>MO00233487</p>		