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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265836 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/21/2024 |
| NAME OF PROVIDER OR SUPPLIER Nodaway Healthcare | | STREET ADDRESS, CITY, STATE, ZIP CODE 22371 State Highway 46 Maryville, MO 64468 | |

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 - Some</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** 47195</p> <p>Based on interview and record review, the facility failed to provide personal funds and a final accounting within thirty days upon discharge. This affected two of five sampled residents (Resident #1 and #2) Facility census was 38.</p> <p>Review of facility policy, Conveyance upon discharge, eviction, or death policy, dated 2019, showed:</p> <p>-Upon discharge, eviction, or death of a resident with a personal fund deposited with the facility, the facility shall convey within 30 days the resident's funds and final accounting of those funds, to the resident, his or her legal representative, or in the case of death, the individual, or probate jurisdiction administering the resident's estate, in accordance with state law.</p> <p>1. Review of the facility's interim aging report, dated 8/21/24, showed the following residents had money in the facility's operating account:</p> <p>-Resident #1 discharged on [DATE], with a balance of \$2,428.00;</p> <p>-Resident #2 discharged on [DATE], with a balance of \$5,531.46.</p> <p>Review of Request for Resident Refund invoices showed:</p> <p>-On 7/16/24, Business Office Manager (BOM) submitted invoice #134 to corporate office to refund \$2,428.00</p> <p>-On 7/16/24, BOM submitted invoice #133 to corporate office to refund \$3,855.26.</p> <p>2. During an interview on 8/21/24 at 4:07 PM with the Business Office Manager (BOM) said:</p> <p>-He/She created invoices and submitted them to corporate office for payments;</p> <p>-He/She submitted invoice to corporate for Resident #1 and Resident #2 on 7/16/24;</p> <p>-Corporate printed check on 8/14 for Resident #1 in the amount of \$2428.00 and they did not sign the check;</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.

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| 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 - Some</p> | <p>-He/She did not mail Resident #1's check due to not having a signature;</p> <p>-He/She had contacted the Accounts Payable staff member at corporate office on 8/19/24 regarding the unsigned check and they said the check would be available by 8/21/24;</p> <p>-He/She had not yet received the signed check for Resident #1 as of 8/21/24 at 4:07 P.M.;</p> <p>-He/She had not received a check for Resident #2 after submitting invoice on 7/16/24;</p> <p>-He/She expected resident funds to be returned within 30 days;</p> <p>-He/She submitted</p> <p>During an interview on 8/22/24 at 1:26 PM the Administrator said:</p> <p>-He/She expected the facility to follow the facility policy to return resident funds within 30 days of discharged ;</p> <p>-His/Her staff submitted resident invoice in a timely manner but corporate failed to cut check within 30 day timeline.</p> <p>MO240773</p> |