

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265839	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2025
NAME OF PROVIDER OR SUPPLIER  Abbey Senior Health		STREET ADDRESS, CITY, STATE, ZIP CODE  206 North Main Street O Fallon, MO 63366	

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)
F 0602  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money.  (continued on next page)

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:  265839	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2025
NAME OF PROVIDER OR SUPPLIER  Abbey Senior Health		STREET ADDRESS, CITY, STATE, ZIP CODE  206 North Main Street O Fallon, MO 63366	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure one resident (Resident #1), in a review of five sampled residents, remained free from misappropriation of property. Certified Nurse Aide (CNA C) took the resident's wallet containing cash and the resident's debit card without the resident's knowledge or permission and used the debit card to pay Instant Credit Auto \$450.00 (loan company for car loans), Spectrum (an internet and cable provider) \$378.00 and \$139.29 at Five Below (a retail store). The facility census was 53. On 9/11/25 at 12:30 P.M. the administrator was notified of the past non-compliance which occurred on 9/5/25. On 9/8/25, the administrator became aware of the violation of misappropriation of the resident's debit card and cash by CNA C when the resident logged onto his/her bank account and found the money had been withdrawn from the account. CNA C was an agency aide, and the agency was notified on 9/8/25 that the aide could not return to the facility. Staff were in-serviced on 9/8/25 of the facility policy for misappropriation and of the facility policy for locking cabinets in each resident's room. Each residents' and/or the responsible parties' preference for a locking cabinet was reviewed and revised as needed. The deficiency was corrected on 9/10/25. Review of the undated facility policy for Resident Abuse, Neglect, Misappropriation of Resident Property and Alleged Crime showed the following:-The facility affirms the right of our residents to be free from misappropriation of resident property. The facility is committed to establishing a resident sensitive and secure environment;-Misappropriation of resident property is the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent. Review of Resident #1's face sheet showed the following:-admitted to the facility on [DATE] with diagnoses of injury to the head and weakness.-The resident was his/her own responsible party and decision maker. During an interview on 9/11/25 at 10:25 A.M. Resident #1 said the following:-He/She admitted to the facility on [DATE] from a local hospital to have some therapy and to return home;-He/She had brought his/her wallet with \$94.00 in it and debit cards and placed the wallet in the top drawer of the nightstand;-He/She did not know who came into his/her room for the first couple of days, but on 9/8/25 when he/she felt better, he/she checked his/her bank account on the computer and noticed money was used to pay a car payment, a Spectrum bill and at 5 Below;-He/She looked for his/her wallet and the wallet was gone;-He/She told a staff member; the Social Services Director and the Director of Nurses (DON) have been in to speak with him/her;-They called the police and replaced his/her wallet and the \$94.00 that was in the wallet;-The police officer came and took his/her statement and a copy of the charges that were made on his/her bank account. Review of the facility staffing sheet dated 9/5/25-9/6/25 showed CNA C was assigned to provide care for the resident from 7:00 P.M. to 11:45 P.M. During an interview on 9/11/25 at 12:15 P.M. the Social Services Director (SSD) said the following:-The charge nurse reported Resident #1 said someone took his/her wallet, cash and debit cards and made charges and a purchase with the debit card;-She informed the DON, who called the police and began an investigation;-A police officer came and took some information from the resident and a copy of the resident's bank information. During an interview on 9/11/25 at 10:00 A.M. the DON said the following:-Following the report from the SSD she immediately called the police and began an investigation;-A police officer from the local police department came to the facility and was given a copy of the resident's bank account information;-The officer took this information and found that Certified Nurse Aide (CNA)C had used the resident's bank card and paid his/her car payment for \$450.00, paid \$383.00 to Spectrum and spent \$105.00 at 5 Below;-CNA C was an aide from an agency, the facility called the agency and reported this to them and that CNA C would not be allowed to return to the facility. During an interview on 9/12/25 at 3:50 P.M. Police Officer A said the following:-He/She responded to a call from the facility on 9/8/25. The resident confirmed he/she had a missing wallet and debit card. The resident pulled up his/her bank account information on his/her computer and showed that purchases were made at Instant Credit Auto for \$450.00 on 9/7/25, Spectrum for \$378.00 on 9/6/25 and \$139.29 at 5 Below on 9/7/25;-He/She called Spectrum and Instant Credit Auto and verified the bank account information that was used to pay those bills and the address that was on the bills matched the address used by CNA C. During an interview on 9/11/25 at 2:00 P.M. the Administrator said the following:-He would consider this misappropriation of the resident's property;-The facility replaced the resident's wallet and the cash that was in the wallet;-The resident's bank cancelled the debit card and was replacing the money that was taken;-The agency that CNA C was employed at was told of the incident and the investigation pending by the local</p>		