

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265843	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/17/2024
NAME OF PROVIDER OR SUPPLIER Appleton City Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 600 North Ohio Appleton City, MO 64724	

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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41787</p> <p>Based on interview and record review, the facility failed to manage and account for all residents' personnel funds as required when staff failed to deposit residents' personal funds in excess of \$50.00 into an interest bearing account and credit all interest earned back to residents for two residents (Resident #1 and #5) who received Medicaid services and when the facility failed to properly maintain an ongoing balance of and reasonable resident access to funds for seven residents (Resident #1, #5, #10, #21, #23, #28, and #100) personal funds. The facility census was 38.</p> <p>Review of the facility policy titled Resident Right - Protection/Management of Personal Funds, undated, showed the following:</p> <ul style="list-style-type: none"> -It is the policy of the facility to protect and manage the personal funds of the resident in such a manner to acknowledge and respect resident rights; -If a resident chooses to deposit funds with the facility, upon written authorization of a resident, the facility will act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility; -The facility will deposit any residents' personal funds in excess of \$100 in an interest bearing account that is separate from the facility's operating accounts, and that credits all interest earned on resident's funds to that account; -There will be a separate accounting for each resident's share; -The facility will maintain a resident's personal funds that do not exceed \$100 in a non-interest bearing account, interest-bearing account, or petty cash fund; -For residents whose care is funded by Medicaid: <ul style="list-style-type: none"> -The facility will deposit the resident's personal funds in excess of \$50 in an interest bearing account that is separate from any of the facility's operating accounts and that credits all interest earned on resident funds to that account; -There will be a separate accounting for each resident's share. <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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The facility will maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>Review of the facility policy titled Resident Right - Accounting and Records of Personal Funds, undated, showed the following:</p> <p>-It is the policy of the facility to protect and manage the personal funds of the resident in such a manner to acknowledge and respect resident rights;</p> <p>-The facility will establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf;</p> <p>-The individual financial record will be available to the resident through quarterly statements and upon request.</p> <p>1. During an interview on [DATE], at 12:20 P.M., the Business Office Manager (BOM) said the following:</p> <p>-He/she said that the facility kept around four residents' funds onsite. There was a separate checking account, but he/she did not know what money was in that account. The money for the residents was kept in a locked safe in the Administrator's office.</p> <p>-Each resident had a separate envelope with cash and a piece of paper where he/she documented when staff provided money to the resident. When a resident requested money the Administrator or BOM would check the amount available on the paper in the safe and then provide the resident with the money.</p> <p>-When a check arrived for the resident, he/she would take the money to the bank and deposit it into the account and then withdraw that amount and put it into the appropriate envelope in the safe.</p> <p>-The money was not kept in the interest bearing account.</p> <p>-Access to the safe was available to the Administrator and the BOM. No other staff had a key available.</p> <p>-He/She was aware resident funds over \$50.00 should be kept in an interest bearing account.</p> <p>Observations and interview on [DATE], at 12:45 P.M., showed the following:</p> <p>-The Administrator opened a square fire safe that contained multiple hanging file folders. The file folders each had an envelope and hand written piece of paper with a resident's name and balance. The Administrator counted the money in each envelope.</p> <p>-Resident #1 had \$73.00 in bills and \$1.34 in change with receipts in the envelope. The paper balance showed \$100.74 as of [DATE]. The receipts had not yet been subtracted. The resident was on Medicaid;</p> <p>(continued on next page)</p>		

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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Resident #5 had \$200.00 in bills with a paper that showed an available balance of \$200.00. The resident was on Medicaid;</p> <p>-Resident #10 had a \$5.00 bill with receipts and no paper with any balance available. The resident was on Medicaid;</p> <p>-Resident #21 had 78 cents in change, the paper showed a balance of 76 cents. The resident was on Medicaid;</p> <p>-Resident #23 had a wallet with \$9.00 in bills, with no other documents. The resident expired on [DATE] and family was coming to pick up belongings. The resident was on Medicaid;</p> <p>-Resident #28 had \$2.00 in bills and 24 cents in change, with no paper to show balance. The resident was on private pay and hospice;</p> <p>-Resident #100 had \$20 bill with no paper to show balance. The resident was private pay.</p> <p>During an interview on [DATE], at 2:20 P.M., the Administrator said that she would expect the resident's money to be kept in an interest bearing account if that is what is required.</p> <p>MO00243630</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41787</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents were as free from accident hazards as possible when staff failed to follow physician orders to safely transfer one resident (Resident #7) using a Hoyer lift (mechanical device with a sling attached to lift and transfer a non-ambulatory resident). The facility had a census of 38.</p> <p>Review of the facility's policy, Hoyer Lift and Sit to Stand Lift Policy and Procedure, undated, showed the following:</p> <ul style="list-style-type: none"> -Operating the Hoyer and Sit to Stand Lift is always and only a two-person operation. Do not operate lifts by self; -Any staff transferring a resident in a lift by themselves will be immediately terminated; -Always explain the steps to the resident; -Always double check sling attachment to Hoyer lift bar before lifting resident. Make sure colored loops match on both side and are completely on and secure to the hooks before transfer; -Lift a resident a few inches and double check all sling attachments again before continuing with transfer; -One aide operates the lift controls while the other aide guides resident during transfer. <p>1. Review of Resident #7's face sheet (brief information sheet about the resident) showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included traumatic subdural hemorrhage (serious brain injury that occurs when blood pools between the dura mater (protective layer of tissue around the brain) and the brain's surface) with loss of consciousness (state in which a person is no longer aware of their surroundings or themselves), monoplegia (type of paralysis that affects a single limb, body part, or group of muscles) of upper limb affecting left nondominant side, irritability and anger, weakness, and abnormalities of gait and mobility. <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated comprehensive assessment instrument completed by facility staff), dated 07/03/24, showed the following:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; -Resident was dependent on staff transfers and mobility; -Use of a wheelchair. <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's care plan, last reviewed 07/09/24, showed the following:</p> <ul style="list-style-type: none"> -The resident had an activities of daily living (ADL) self-care performance deficit due to monoplegia of left side and weakness; -The resident was non-ambulatory; -The resident was totally dependent on staff for toilet use with Hoyer lift; -The resident was totally dependent on staff for transferring with Hoyer lift. <p>Review of the Restorative/Nursing In-Service book, located in a 3-ring binder at the nurses' desk, showed the following:</p> <ul style="list-style-type: none"> -An in-service, dated 09/10/24, noted the resident was now a mandatory Hoyer lift for all transfers per physical therapy and occupational therapy; -The resident required Hoyer lift with two staff. The resident required staff to assist with ADLs and resident's wheelchair to be propelled by staff; -The resident required maximal assistance for upper body dressing and was depending on staff for lower body dressing and to don/doff footwear. <p>Review of the resident's medical record showed on 09/18/24, staff documented a care plan meeting conducted with the Director of Nursing (DON), therapy, restorative aide, social services, activity, dietary, and the resident's family. The resident was evaluated by therapy due to staff being unable to transfer the resident to and from bed, chair, toilet safely. After therapy evaluated the resident they recommended the resident be Hoyer lift transferred due to unsafe nature of two person transfer.</p> <p>Review of the resident's physician order sheet, current as of 10/17/24, showed an undated order for Hoyer lift to transfer.</p> <p>Observations on 10/17/24, at 12:05 P.M., showed the following:</p> <ul style="list-style-type: none"> -The resident room door was closed. Upon entering the resident room, Nurse Aide (NA) A and the resident were in the bathroom with the door open. The resident was seated on the toilet and the NA was standing next to him/her. The NA then assisted the resident to a standing position, performed toileting hygiene care, and pulled up the resident's pants. The NA then pivoted the resident to sit in the wheelchair in the bathroom. -The NA pushed the wheelchair into the resident's room next to the recliner. The NA locked the wheelchair and assisted the resident to a standing position with his/her arms at the resident's waist and the resident's arms around the NA's neck. The NA did not use a gait belt. The NA pivoted the resident to his/her right and seated into the recliner. -The NA removed the wheelchair and ensured the resident was comfortable and put the feet of the recliner in the elevated position. The NA placed the call light in reach and left the resident's room. <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/17/24, at 12:50 P.M., NA A said that he/she was able to look in the restorative book at the nursing station for how each resident was to be transferred. The NA said that the resident had orders for Hoyer transfer, but thought it was PRN (as needed) orders. There are a few staff that were able to transfer the resident without a Hoyer. He/she said there were days that the resident's legs were too tired. Staff should use a gait belt with pivot transfers, but he/she did not use one today.</p> <p>During an interview on 10/17/24, at 1:15 P.M., NA B said that if there was an order for a resident to be transferred by Hoyer lift the staff is required to follow the physician order.</p> <p>During an interview on 10/17/24, at 2:25 P.M., NA H said there is a book at the nursing station that has how to transfer the residents. The resident was now a Hoyer lift transfer. Staff should not transfer the resident without the Hoyer lift. Staff should follow physician orders.</p> <p>During an interview on 10/17/24, at 2:10 P.M., CNA E said the resident was a PRN Hoyer transfer per family request. It depended on the day and how the resident was feeling if he/she could transfer without the Hoyer lift. The aide said he/she had not transferred the resident without the Hoyer lift for a while. If there was a physician's order that should be followed.</p> <p>During an interview on 10/17/24, at 2:20 P.M., Restorative Aide (RA) C said therapy completed an evaluation on the resident and wrote that they recommended the resident be transferred by Hoyer lift. It did not specify when it should or should not be used. Staff should follow physician's orders if written to transfer with Hoyer lift.</p> <p>During an interview on 10/17/24, at 12:40 P.M., Certified Medication Tech (CMT) D said staff should follow physician orders. If a resident's order was to be transferred by Hoyer lift, that order should be followed and required two staff.</p> <p>During an interview on 10/17/24, at 1:05 P.M., Licensed Practical Nurse (LPN) F said if a resident had an order to be transferred by Hoyer lift then the staff have to follow that order. There is a book at the nursing desk for staff to easily tell how to transfer a resident.</p> <p>During an interview on 10/17/24, at 2:15 P.M., LPN G said that staff should follow physician orders for Hoyer transfers of resident.</p> <p>During an interview on 10/17/24, at 3:00 P.M., the Administrator said the resident was a two person transfer with Hoyer lift. The therapy department had screened the resident and deemed he/she required that. The staff should transfer by Hoyer lift if ordered, even if they felt comfortable not using the Hoyer, they should follow the physician's orders. He/she had helped staff transfer the resident by Hoyer and the resident did fine.</p> <p>MO00241910</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>41787</p> <p>Based on record review and interview, the facility failed to ensure the home had registered nurse (RN) coverage including a RN assigned to serve as the Director of Nursing (DON) and able to complete needed DON duties on a full time basis when the facility's DON provided routine floor coverage prior to leaving employment at the facility. This resulted in leaving the facility being without a DON or RN. The facility census was 38.</p> <p>Review of the facility's policy titled, Nursing Services, undated, showed the following:</p> <ul style="list-style-type: none"> -It is the policy of the facility to assure that there is sufficient qualified nursing staff available at all times to provide nursing and related services to meet the residents' needs safely and in a manner that promotes each resident's rights, physical, mental, and psychosocial well-being; -The facility will have sufficient nursing staff with the appropriate competencies and skill sets to provide nursing and related services to assure residents safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care; -The facility will provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all resident in accordance with resident care plans; -Except when waived, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty; -The facility will have sufficient nursing staff with the appropriate competencies and skill sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment; -Except when waived, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week; -Except when waived, the facility must designate a registered nurse to serve as the DON on a full time basis; -The DON may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. <p>1. During an interview on 10/17/24, at 12:20 P.M., the Business Office Manager (BOM) said that the facility did not have a DON or RN, or interim DON, on staff. The facility had advertisements on the website Indeed for a DON, RN, and LPN positions.</p> <p>(continued on next page)</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 10/17/24, at 12:40 P.M., the Administrator said that the DON quit on 10/16/24 without notice. The DON walked in about mid-day and dropped off the keys and a note of resignation. Currently the facility only had one RN on staff that worked every other weekend only.</p> <p>Review of the facility's Daily Staffing Sheet showed the following:</p> <ul style="list-style-type: none"> -On 10/01/24, staff listed the previous DON on the sheet and had no RN listed as working; -On 10/02/24, staff listed the previous DON on the sheet with no hours listed; -On 10/03/24, staff listed the previous DON as working from 9:00 A.M. to 2:00 P.M. and 3:00 P.M. to 6:00 P.M.; -On 10/04/24, staff listed the previous DON as working as charge nurse from 6:00 A.M. to 2:00 P.M.; -On 10/05/24, staff listed the previous DON as working as charge nurse from 10:00 P.M. to 6:00 A.M.; -On 10/06/24, staff listed the previous DON as working as charge nurse from 2:00 P.M. to 10:00 P.M.; -On 10/07/24, staff listed the previous DON as working as charge nurse from 10:00 P.M. to 6:00 A.M.; -On 10/08/24, staff listed the previous DON as working as charge nurse from 2:00 P.M. to 10:00 P.M.; -On 10/09/24, staff listed the previous DON as working as CNA from 1:00 A.M. to 6:00 A.M.; -On 10/10/24, staff listed the previous DON as working as CNA from 3:00 P.M. to 6:00 A.M.; -On 10/11/24, staff listed the previous DON as working as CNA from 5:00 P.M. to 2:00 A.M.; -On 10/12/24, staff listed the previous DON as working from 6:00 P.M. to 6:00 A.M.; -On 10/13/24, staff listed the previous DON as working as CNA from 6:00 P.M. to 6:00 A.M.; -On 10/14/24, staff listed the previous DON as working as CNA from 10:00 P.M. to 7:00 A.M.; -On 10/15/24, staff listed RN as quit then crossed out with error; -On 10/16/24, staff listed RN as quit; -On 10/17/24, staff listed no list an RN or DON. <p>During an interview on 10/17/24, at 12:50 P.M., Certified Medication Tech (CMT) D said that he/she did not know who the DON was. He/she heard the DON quit.</p> <p>(continued on next page)</p>

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