

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265859	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/27/2024
NAME OF PROVIDER OR SUPPLIER  Cotton Point Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE  609 South Railroad Street Matthews, MO 63867	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42699</p> <p>Based on interview and record review, the facility failed to ensure one resident (Resident #1) out of three sampled residents was free of misappropriation of his/her property when Certified Nurse Aide (CNA) A utilized the resident's bank card for his/her own personal use. The facility census was 55.</p> <p>The administration was notified on 08/27/24 of the Past Non-Compliance which occurred between 08/09/24 through 08/14/24. On 08/14/24, upon notification, the facility administration started an investigation, notified the police department and the Department of Health and Senior Services of the misappropriation. The non-compliance was corrected on 08/14/24, as the facility completed disciplinary action for CNA A, in-serviced all staff on the facility's policy and procedures on misappropriation and refunded Resident #1 for the amount misappropriated.</p> <p>Review of the facility's policy titled, Abuse Prevention Program, revised September 2021, showed:</p> <ul style="list-style-type: none"> <li>-Misappropriation of resident property defined as deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent;</li> <li>-Employees are educated on the Abuse Prevention Program upon hire and annually.</li> </ul> <p>1. Review of Resident #1's face sheet showed:</p> <ul style="list-style-type: none"> <li>- admitted on [DATE];</li> <li>- Diagnoses of metabolic encephalopathy (problem in the brain caused by a chemical imbalance in the blood), type 2 diabetes mellitus (high blood sugar), heart failure with a pacemaker, anxiety, and depression.</li> </ul> <p>Review of the resident's admission Minimum Data Set (MDS - a federally mandated assessment instrument completed by the staff), dated 08/07/24, showed the resident's cognition to be moderately impaired.</p> <p>Review of the facility's investigation dated, 08/14/24, showed:</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
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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 08/14/24, Resident #1's family member notified the facility he/she believed Resident #1's bank card had been stolen by CNA A. Resident #1's family member said he/she was notified by Resident #1 on 08/13/24 his/her bank card was missing, as well as his/her phone had been missing since 08/09/24. Resident #1's family member went to the bank and got a copy of Resident #1's bank statement, which showed on 08/09/24 two separate charges for \$25 each transferred to CNA A's account and on 08/10/24 a charge to an online shopping website for \$141.94. The facility upon notification immediately removed CNA A from the floor for questioning, as well as contacted the police per Resident #1's request. CNA A was questioned regarding the use of the bank card and admitted he/she utilized the resident's bank card to get the resident food. Resident #1 denied ever giving CNA A access to his/her bank card for food or any other purchases. CNA A was arrested after questioning by the facility and the police and admitting to using Resident #1's bank card. CNA A's employment with the facility was terminated. On 08/14/24, the facility reimbursed Resident #1 for \$191.54.</p> <p>Review of the information obtained from the resident's bank statement dated, 08/05/24-08/12/24, showed:</p> <ul style="list-style-type: none"> <li>- On 08/09/24 at 5:54 P.M., a transfer of \$25 to an account belonging to CNA A;</li> <li>- On 08/09/24 at 5:13 P.M., a transfer of \$25 to an account belonging to CNA A;</li> <li>- On 08/10/24, an online shopping website transaction for \$141.94.</li> </ul> <p>Review of the police report dated 08/14/24 showed:</p> <ul style="list-style-type: none"> <li>- CNA A admitted to using Resident #1's bank card for two transactions on 08/09/24 for \$25;</li> <li>-CNA A each but denied the use of the bank card on 08/10/24 for \$141.94;</li> <li>-CNA A was placed under arrest and charged with fraudulent use of a credit/debit card.</li> </ul> <p>Review of CNA A's personnel file showed:</p> <ul style="list-style-type: none"> <li>- Abuse Prevention Program Policy signed on 05/09/24.</li> </ul> <p>During an interview on 08/27/24 at 9:20 A.M., Licensed Practical Nurse (LPN) B said he/she was a witness during the police officer interview with Resident #1. LPN B said Resident #1 told the police officer he/she never gave permission to CNA A to use his/her bank card and never received food or anything from CNA A.</p> <p>During an interview on 08/27/24 at 1:33 P.M., CNA A said he/she added Resident #1's bank card to his/her own personal account on his/her phone to go and purchase food for Resident #1, as well as two nightgowns. CNA A said he/she did not have a witness to verify he/she delivered food or nightgowns to Resident #1. CNA A said he/she did not have a receipt to verify the purchases. CNA A denied utilizing the bank card for the \$141.94 transaction.</p> <p>(continued on next page)</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/27/24 at 3:50 P.M., the Administrator said he/she would expect facility staff to follow the Abuse Prevention Program policy, which they are trained on upon hire and annually. Administrator said facility staff should not add resident bank card information to their own accounts to purchase items for residents.</p> <p>During a phone interview on 08/27/24 at 5:47 P.M., Resident #1 said he/she never gave CNA A access or permission to use his/her bank card. Resident #1 said he/she never received any food or nightgowns from CNA A.</p> <p>Complaint #MO240597</p>		