

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 12/18/2024
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 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>U4413</p> <p>Based on record review and interview, the facility failed to ensure resident funds were placed in an account separate from the facility operating account. The facility did not provide residents with refunds of their personal funds from the operating account in a timely manner for 12 residents (Resident #9, #17, #18, #26, #27, #28, #29, #30, #31, #32, #33 and #34). The facility staff failed to obtain written authorization from the resident and/or financial guardian for money withdrawn for five residents (Resident #1, #2, #3, #6 and #7) out of a sample of seven. Facility staff also failed to provide the Social Security and/or Medicaid monthly allowance in a timely manner, which did not allow the resident/financial guardian the right to manage all of his/her financial affairs for five residents (Resident #2, #3, #4, #6 and #9) out of a sample of five. The facility census was 53.</p> <p>1. Record review of the facility maintained Accounts Receivable Aging Report, dated 12/05/24, showed the following residents with personal funds held in the facility operating account.</p> <p>Resident Amount Held in Operating Account</p> <p>#9 \$0.04</p> <p>#17 \$186.00</p> <p>#18 \$4,104.00</p> <p>#26 \$1,882.00</p> <p>#27 \$2,496.00</p> <p>#28 \$992.00</p> <p>#29 \$480.00</p> <p>#30 \$100.00</p> <p>#31 \$2,670.00</p> <p>#32 \$1,368.00</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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>#33 \$600.00</p> <p>#34 \$392.00</p> <p>Total \$15,270.04</p> <p>During an interview on 12/05/24 at 3:30 P.M., the Interim Administrator said Resident #27's refund was requested in September 2024, Resident #29's refund was requested on 08/28/24, and Resident #33's refund had been requested twice and did not know why it has taken so long for the credits to be refunded. Resident #9, #17, #18, #26, #28, #30, #31, #32 and #34's credit should be refunded and did not know why they had not been refunded.</p> <p>2. Record review of the facility maintained Resident Trust Transaction History for the period 06/01/24 through 12/05/24, showed the following withdrawal for 10/2024 room & board from Resident #1's account listed twice:</p> <p>Date Amount Description</p> <p>10/04/24 \$1,125.00 10/2024 Room & Board</p> <p>10/10/24 \$1,125.00 10/2024 Room & Board</p> <p>Record review on 12/05/24 of the facility maintained paperwork for Resident #1's Resident Trust Transaction History, showed no written authorization by Resident #1 and/or financial guardian for the duplicate withdrawal.</p> <p>During an interview on 12/05/24 at 4:42 P.M., the Business Office Manager said there was no written authorization for Resident #1's duplicate withdrawal and the October 2024 room and board should only be withdrawn one time.</p> <p>3. Record review of the facility maintained Resident Trust Transaction History for the period 06/01/24 through 12/05/24, showed the following withdrawal from Resident #2's account:</p> <p>Date Amount Description</p> <p>10/17/24 \$31.48 Room & Board Given</p> <p>Record review on 12/05/24 of the facility maintained paperwork for Resident #2's Resident Trust Transaction History, showed no written authorization by Resident #2 and/or financial guardian for the withdrawal.</p> <p>During an interview on 12/05/24 at 4:42 P.M., the Business Office Manager said there was no written authorization for Resident #2's listed withdrawal.</p> <p>4. Record review of the facility maintained Resident Trust Transaction History for the period 06/01/24 through 12/05/24, showed the following withdrawals from Resident #3's account:</p> <p>Date Amount Description</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>07/31/24 \$848.00 July Room & Board</p> <p>07/31/24 \$34.94 Cigarettes</p> <p>10/29/24 \$36.03 Cigarettes</p> <p>10/31/24 \$50.00 Walmart Shopping</p> <p>10/31/24 \$50.00 Walmart Shopping</p> <p>Record review on 12/05/24 of the Cost Summary Settlement Report provided by Missouri Medicaid showed no room and board due for 07/2024 for Resident #3 due to a hospitalization stay.</p> <p>Record review on 12/05/24 of the facility maintained paperwork for Admission/Discharges Report dated 12/05/24 shows Resident #3 discharged to Missouri Delta Medical Center on 06/22/24.</p> <p>Record review on 12/05/24 of the facility maintained paperwork for Resident #3's Resident Trust Transaction History, showed no written authorizations by Resident #3 and/or financial guardian for the withdrawals.</p> <p>During an interview on 12/05/24 at 8:33 A.M., the Interim Administrator said he/she and the Business Office Manager had been working on the financials and were still working on them.</p> <p>During an interview on 12/05/24 at 5:10 P.M., the Interim Administrator said there was no written authorization for Resident #3's listed withdrawals.</p> <p>5. Record review of the facility maintained Resident Trust Transaction History for the period 06/01/24 through 12/05/24, showed the following withdrawal from Resident #6's account:</p> <p>Date Amount Description</p> <p>07/31/24 \$1,600.00 July Room & Board</p> <p>Record review on 12/05/24 of the facility maintained paperwork for Resident #6's Resident Trust Transaction History, showed no written authorization by Resident #6 and/or financial guardian for the withdrawal.</p> <p>During an interview on 12/05/24 at 5:06 P.M., the Interim Administrator said the \$1,600.00 should be credited back to Resident #6's account.</p> <p>6. Record review of the facility maintained Resident Trust Transaction History for the period 06/01/24 through 12/05/24, showed the following withdrawal from Resident #7's account:</p> <p>Date Amount Description</p> <p>10/31/24 \$300.00 Fall/Winter Clothing</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>Record review on 12/05/24 of the facility maintained paperwork for Resident #7's Resident Trust Transaction History, showed no written authorization by Resident #7 and/or financial guardian for the withdrawal.</p> <p>During an interview on 12/05/24 at 4:19 P.M., the Business Office Manager said the \$300.00 was not a valid withdrawal and needs to be credited back to Resident #7's account.</p> <p>7. Record review of the facility maintained Resident Trust Transaction History for the period 06/01/24 through 12/05/24, showed the following residents did not receive the \$50 Social Security/Medicaid monthly allowance timely for 10/2024 or 11/2024:</p> <p>Resident # Amount Received Month</p> <p>#2 \$0 11/2024</p> <p>#3 \$0 11/2024</p> <p>#4 \$0 10/2024 & 11/2024</p> <p>#6 \$0 11/2024</p> <p>#9 \$0 11/2024</p> <p>During an interview on 12/05/24 at 4:20 P.M., the Regional Accountant and Business Office Manager said the books had not been closed for 11/2024 and allowances were not given.</p>		

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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>U4413</p> <p>Based on record review and interview, the facility failed to maintain a system to ensure the resident trust fund account was managed in accordance with proper accounting principles by not maintaining an accurate accounting of all monies held in the resident trust fund account by not reconciling each month. The facility managed funds for 34 residents. The census was 53.</p> <p>1. Record review of the facility maintained bank statements for the account ending in 2107 for the months 12/2023 through 11/2024 showed no documentation of reconciliations for the following months.</p> <p>Month</p> <p>12/2023</p> <p>06/2024</p> <p>07/2024</p> <p>09/2024</p> <p>10/2024</p> <p>11/2024</p> <p>Record review of the facility maintained attempted reconciliation forms for account ending in 2107, dated 12/2023 through 09/2024, showed the attempted reconciliations did not reconcile to the residents' current balance at the time of the attempted reconciliation and showed no attempted reconciliation for 10/2024 through 11/2024.</p> <p>During an interview on 12/05/24 at 11:46 A.M., the Regional Accountant and Business Office Manager said 10/2024 and 11/2024 books had not been closed out and 10/2024 books are still being worked on.</p> <p>During an interview on 12/05/24 at 12:10 P.M., the Regional Accountant said the 10/2024 and 11/2024 reconciliations were not done due to the amount of financial work.</p>

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<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** U4413</p> <p>Based on record review and interview, the facility failed to provide a final accounting of resident fund balances within thirty days to the individual or probate jurisdiction administering the resident's estate for one of four sampled discharged residents (Resident #18) and for one of five expired residents (Resident #16). The facility census was 53.</p> <p>1. Record review of the facility maintained Discharge Report dated [DATE], showed Resident #18 discharged on [DATE].</p> <p>Record review of the facility maintained Trust Transaction History Report for the period [DATE] through [DATE], showed Resident #18's money was not refunded until [DATE], 70 days after the discharge date .</p> <p>During an interview on [DATE] at 2:44 P.M., the Regional Accountant said the money was not refunded timely due to trying to close out the books.</p> <p>2. Record review of the facility maintained Discharge Report dated [DATE], showed Resident #16 expired on [DATE].</p> <p>Record review of the facility maintained Resident Trust Fund Statement for the period [DATE] through [DATE], showed a withdrawal in the amount of \$734.64 on [DATE] noted to pay room and board, and was not reported to the Department of Social Services, Third Party Liability Unit as of [DATE], 107 days after the resident expired.</p> <p>During an interview on [DATE] at 4:10 P.M., the Business Office Manager said Resident #16's guardian said to pay the money for back room and board due and the Business Office Manager did not know the \$734.64 should have been reported to the Department of Social Services, Third Party Liability Unit.</p>		