Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04478	A. BUILDING: _____ B. WING _____	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAVERNA MANOR HEALTH & REHABILITATION	904 HALL AVENUE SAVANNAH, MO 64485

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A9017	19 CSR 30-88.020(12) Provide Account of Funds to Fiduciary Upon the death of a resident who has not been a recipient of aid, assistance, care, services, or who has not had moneys expended on the resident ' s behalf by DSS or DSS has not made claim on the funds, the operator shall provide the fiduciary or resident ' s estate, at the fiduciary ' s request, a complete account of all the resident ' s personal funds and possessions and deliver to the fiduciary all possessions of the resident and the balance of the resident ' s funds. II/III This regulation is not met as evidenced by: Class II* Based on interview and record review, the facility failed to provide personal funds and a final accounting within thirty days upon discharge. This affected four of four sampled residents (Resident #1, #2, #3, and #4). Facility census was 73. Review of facility policy, conveyance of resident funds, dated March 2021, showed: -Any funds on deposit with the facility are refunded to the resident, the resident representative, or the resident's estate, upon discharge, eviction or death, as applicable. -The resident's personal funds and a final accounting of funds are returned to the resident, the resident's representative or to the resident's estate (individual or probate jurisdiction per state law) as applicable, within thirty days from the date of the resident's discharge or eviction from the facility, or death. -If a resident dies, is hospitalized or is transferred and does not return to the facility, the facility refunds to the resident, resident representative, or estate, as applicable, any funds already paid, less the facility's per diem rate, for the days the	A9017		

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A9017	Continued From page 1 resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. -Funds on deposit in the resident's fun are refunded within three banking days. -Should a resident pay for services which then retroactively become Medicare/Medicaid eligible, the facility promptly refunds the amount charged to the resident for those services as soon as the facility receives the intermediary's payment. 1. Review of the facility's interim aging report, dated 10/29/24, showed the following residents had money in the facility's operating account: -Resident #1 discharged on 3/13/24, with a balance of $2315.95; -Resident #2 discharged on 1/23/24, with a balance of $1,777.01; -Resident #3 discharged on 7/27/24, with a balance of $100.00; -Resident #4 discharged on 11/11/23, with a balance of $1,000.00. Review of check request for resident refund showed: -On 10/30/24, a request of $2,315.94 for Resident #1, by Regional Business Office Manager (RBOM); -On 5/29/24, a request of $1777.01 for Resident #2, was made by the Business Office Manager (BOM), check was paid 8/20/24; -On 10/30/24, a request of $1,150.00 for Resident #3 was made by RBOM; -On 10/30/24, a request of $1,000.00 for Resident #4 was made by RBOM. During an interview on 10/29/24, Business Office Manager said: -He/She started in position in September 2024; -Facility had sixty-days to return funds when a	A9017		

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A9017	Continued From page 2 resident passed away or discharged from facility; During an interview on 10/29/24, Administrator said: -Facility had thirty days to return funds upon resident discharge; During an interview on 10/30/24, BOM said: -He/She reviewed resident accounts with RBOM today; -He/She found that refund requests had not been made for Resident #1, Resident #3, and Resident #4; -He/She submitted check requests on 10/30/24 for Resident #1, Resident #3, and Resident #4; -Resident #2 check request had been submitted after thirty days by prior BOM on 5/29/24; -Resident #3 check request was over $1[illegible], due to determining resident overpaid facility $1,050. *The higher classification merited due to the extent of the violation.	A9017		

PLAN OF CORRECTION

Provider/Supplier Name:	Laverna Manor Health & Rehabilitation
Street Address, City, Zip:	904 South Hall Ave, Savannah, MO 64485
Date of Survey:	10/30/2024

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265787

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	This Plan of Correction (POC) is submitted as required under State and Federal Law. This submission of the POC does not constitute an admission on the part of Laverna Manor Health and Rehab ("the facility") as to the accuracy of the surveyor findings, nor the conclusions drawn there from. The facility's submission of the POC does not constitute an admission on the part of the facility that the findings cited are accurate, or that the scope and severity regarding the deficiencies cited are correctly applied. This POC is intended to constitute the Facility's credible letter alleging compliance. Compliance has been and will be achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the Plan of Correction.	
A9017	**Corrections will include:** Resident 's 1, 3, and 4 accounts were reviewed and refunds provided as appropriate. Resident #2 accounts are correct and up to date. **The facility will identify other residents having the potential to be affected by the same alleged deficient practices as follows:** All residents who reside within the facility are at risk for this deficient practice. **The measures that will be put into place or systemic changes made to ensure that the alleged deficient practice will not occur are as follows:** 1. Business Office Manager will review all discharged residents accounts and provide a statement of account within 30 days of discharge. 2. Business Office Manager will request and secure refunds for residents who do not or have not been a recipient of aid, assistance, care, services, or who have not had moneys expended on the resident's behalf by DSS or DSS has not made a claim on the funds within 30 days of discharge. **The facility will monitor the corrective actions to ensure that the alleged deficient practice will not recur as follows:**	11/12/2024

	QAPI will monitor to ensure continued compliance with and the effectiveness of these corrective measures monthly X 3 Months	

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.