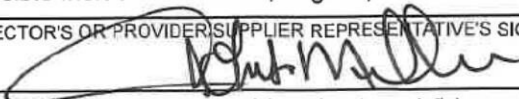


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/07/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265559	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/18/2024
NAME OF PROVIDER OR SUPPLIER MAPLES HEALTH AND REHABILITATION, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 610 WEST SUNSET STREET SPRINGFIELD, MO 65807		
(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) COMPLETION DATE
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to protect all resident from misappropriation of property, when a facility staff member (Certified Nurse Aide (CNA) A) took one resident's (Resident #1's) bank debit card without permission and made fraudulent purchases totaling over \$90.00 on the resident's card. The facility census was 96. Review of the facility policy titled, "Abuse, Neglect, Exploitation or Misappropriation Prevention Program," revised April 2021, showed, in part, the following: -Residents have the rights to be free from abuse, neglect, misappropriation of resident property and exploitation. -The resident abuse, neglect, and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives including protect residents from abuse, neglect, exploitation, or misappropriation from anyone; develop and implement policies and protocols to prevent and identify theft, exploitation, and misappropriation of resident property; identify and investigate all possible incidents of abuse, neglect,	F 602			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrative

(X6) DATE

1-10-25

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.

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F 602	Continued From page 1 mistreatment, or misappropriation of resident property; investigate and report any allegations within timeframes required by federal requirements; protect residents from any further harm during investigations; and establish and implement a quality assurance and performance improvement (QAPI) review and analysis of reports, allegations or finding of abuse, neglect, mistreatment, or misappropriations or property. 1. Review of Resident #1's face sheet showed: -Admission date of 12/06/23; -Diagnoses included sepsis, acute respiratory failure, type 2 diabetes mellitus, and history of a stroke. Review of the resident's 5-day Minimum Data Set (MDS - a federally mandated comprehensive assessment completed by facility staff), dated 12/02/24, showed the following: -Cognitively intact; -No behavioral symptoms exhibited; -Functional limitation to range of motion with impairment to upper and lower extremity on one side of the resident's body. Review of the facility's investigation summary submitted to the Department of Health and Senior Services (DHSS), dated 12/06/24, showed the following: -On Tuesday, 12/03/24, the resident reported to the Director of Nursing (DON) that he/she noticed some charges on his/her credit card statement that he/she did not recognize. His/her last charge was to a restaurant delivery service so he/she thought it was possible that the card was	F 602			

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F 602	Continued From page 2 compromised through that company, The DON notified the Administrator and the facility began an investigation. After continued research into the situation, the facility uncovered some information that led the facility to believe the misappropriation involved a facility employee; -Coincidentally, the accused employee came to the DON and confessed to taking the resident credit card, "By mistake," and when the employee realized he/she had possession of the resident's card, that staff member brought the card back to the resident and reimbursed the resident for all charges; -The facility suspended the employee and re-opened the investigation with the new information that was uncovered. The employee was suspended, and interviews were conducted with all residents on the hall. No other issues were reported at this time. -Based on the information the facility received, and interviews conducted, the facility felt the accused employee made some very wrong decisions, that led to him/her taking a resident's item off premises without the resident's knowledge. Review of the facility investigation into misappropriation of the resident's debit card showed the DON spoke with the resident and they reviewed the charges to his/her online bank account which showed the following charges which the resident said he/she did not make: -On 11/28/24, at a convenience store for \$7.08; -On 11/28/24, at a convenience store for \$7.24; -On 11/28/24, at a convenience store for \$9.17; -On 11/29/24, at a grocery store for \$33.17; -On 11/29/24, at a grocery store for \$30.00; -On 11/29/24, at a convenience store for \$11.02.	F 602			

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F 602	Continued From page 3 Review of facility investigation's attached statement from CNA D, dated 12/03/24, showed the following: -On Tuesday, 12/03/24, at around 1:30 P.M., CNA C and CNA D assisted the resident with cares; -During the cares, CNA A came in and assisted with resident cares; -The resident told the CNAs that his/her credit card was hacked and someone spent money on the card and the resident mentioned the stores where the card was used; -After the resident's cares, CNA A told CNA D, he/she (CNA A) must have been the one to use the resident's card; -CNA A said while cleaning up the resident's room CNA A saw the resident's debit card and, "Poked it;" -CNA D asked for CNA A to explain and CNA A said he/she became sidetracked and forgot about the card until later in the day when he/she found the resident's card in his/her own pocket; -CNA A thought he/she was using a friend's card because the card was tap to pay and did not require a pin number for use; -CNA D told CNA A to report the situation to the DON. During an interview on 12/18/24, at 10:15 A.M., the DON said the following: -On 12/03/24, the resident noted several debits to his/her online bank account for purchases at a convenience store and grocery store that he/she did not make; -The resident showed the DON the online bank statement and explained which purchases he/she	F 602			

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F 602	Continued From page 4 did not make or authorize; -This constituted a total of six purchases over a two day period (11/28/24 to 11/29/24) equaling \$97.68; -The DON then reported the theft to the police department and the Department of Health and Senior Services (DHSS) hotline and began an investigation; -On 12/05/24, CNA A reported while the resident was in the hospital during the last part of November, 2024, he/she went into the resident's room to clean up the room; -The CNA observed the resident's debit card had fallen off of the resident's over bed table; -The CNA said he/she inadvertently placed the debit card in his/her pocket; -The CNA said he/she was carrying linens at the time and intended to take the debit card to the nurse on duty, but forgot to do so; -The CNA said he/she thought he/she was using a debit card borrowed from a friend, but overheard the resident telling CNA B and CNA C that his/her debit card was used for purchases at the convenience store and grocery store; -CNA A then realized he/she must have mistakenly used the resident's card for purchases. Observation and interview of the resident on 12/18/24, at 11:27 A.M., showed the following: -The resident sat in his/her wheelchair with his/her left arm supported on a supportive tray; -The resident said the facility sent him/her to the hospital during the last part of November 2024; -After his/her return to the facility, on 12/03/24, he/she checked his/her online bank statement and noticed six charges that he/she could not have made to a convenience store and grocery	F 602			

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F 602	Continued From page 5 store for a total amount of approximately \$98.00 dollars; -He/she reported to the DON about the false charges; -He/she did not know who made the charges to his/her account, but initially he/she suspected a food delivery service might have stolen his/her information; -A few days later, the DON told the resident CNA A admitted to using the resident's debit card, but said it was an accident and the CNA brought the money in to the resident; -The resident said he/she did not leave his/her debit card out, because he/she always kept the card in his/her wallet in a drawer. During an interview on 12/18/24, at 11:50 A.M., Registered Nurse (RN) B said the following: -He/she worked as the charge nurse three days per week on the hall where the resident resided; -On 12/03/24, the resident reported he/she was going through his/her online banking statement and discovered someone had used his/her debit card without permission; -The nurse immediately notified the DON of the situation and the DON came directly to the resident's room and started talking with the resident about the issue; -The nurse said he/she was not aware of any other stolen resident items or resident money. During an interview on 12/18/24, at 12:20 P.M., CNA C said the following: -On 12/03/24, he/she and CNA D were standing by the nurses' station and CNA A said he/she took the resident's debit card; -CNA C asked CNA A if he/she reported what had	F 602			

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F 602	Continued From page 6 happened and he/she said no. CNA D told CNA A to go to the DON and report what had happened; -CNA C said he/she did not report the conversation immediately to the DON, but he/she should have. He/she talked with the DON about the matter on 12/04 or 12/05 and wrote a statement. During an interview on 12/18/24, at 2:18 P.M., CNA A said the following: -He/she accidentally placed the resident's debit card in his/her pocket while cleaning the resident's room; -He/she intended to give the debit card to the nurse on duty, but forgot about the card; -He/she found the debit card and returned the card to the resident's wallet on 11/30/24 without telling the resident or the facility; -On 12/03/24, when he/she heard staff say someone had made unauthorized purchases on the resident's debit card at a convenience store and grocery store and realized, he/she must have mistakenly used the resident's card for purchases; -On 12/03/24, he/she went to the DON and informed the DON of what he/she had done; -On 12/05/24, he/she brought in money to cover the charges he/she made on the resident's account and the DON suspended the CNA pending the investigation. During an interview on 12/18/24, at 2:40 P.M., the Assistant Director of Nursing said the following: -If he/she became aware of an allegation of misappropriation or resident property, he/she would remove the alleged perpetrator from resident care areas and notify the DON and	F 602			

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F 602	Continued From page 7 Administrator immediately; -The facility would notify DHSS within 24 hours of any allegation of misappropriation and conduct and submit an investigation into the allegation. During an interview on 12/18/24, at 3:14 P.M., the DON said if an allegation of misappropriation of resident property occurred, he/she expected the staff to notify the charge nurse or direct supervisor. The nurse or supervisor should then immediately notify the DON, so he/she could notify DHSS Hotline within 2 hours. During an interview on 12/18/24, at 3:30 P.M., the Administrator said the facility staff should follow the facility's misappropriation policy. MO00246163	F 602			

Missouri Department of Health and Senior Services

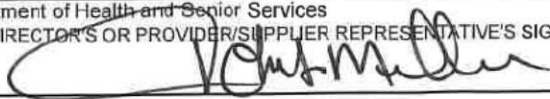
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 06441	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/18/2024
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

MAPLES HEALTH AND REHABILITATION, THE **610 WEST SUNSET STREET**
SPRINGFIELD, MO 65807

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A8023	19 CSR 30-88.010(23) Develop/Implement A/N Policies The facility shall develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of any resident and misappropriation of resident property and funds, and develop and implement policies that require a report to be made to the department for any resident or to both the department and the Department of Mental Health for any vulnerable person whom the administrator or employee has reasonable cause to believe has been abused or neglected. II/III This regulation is not met as evidenced by: Class II* 1. Please refer to F602. *The higher classification merited due to the extent of the violation. MO00246163	A8023		
A9002	19 CSR 30-88.020(2) Resident Fund Use The operator or other designated person shall use the personal funds of the resident exclusively for the use of the resident and only when authorized in writing by the resident, his/her designee, guardian and conservator, or conservator. A designee shall not be the administrator or an employee of the facility. With written authorization, the operator may purchase a burial policy for the resident. II/III This regulation is not met as evidenced by: Class II* 1. Please refer to F602.	A9002		

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator

(X6) DATE

1-10-25

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 06441	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/18/2024
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STREET ADDRESS, CITY, STATE, ZIP CODE

MAPLES HEALTH AND REHABILITATION, THE

**610 WEST SUNSET STREET
SPRINGFIELD, MO 65807**

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A9002	Continued From page 1 *The higher classification merited due to the extent of the violation. MO00246163	A9002		

[illegible]

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.