

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265552	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2025
NAME OF PROVIDER OR SUPPLIER Crowley Ridge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1204 North Outer Road Dexter, MO 63841	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one resident (Resident #1) out of four sampled residents was free of misappropriation of his/her property when Social Services Director (SSD) utilized the resident's banking information for his/her own personal use. The facility census was 50.</p> <p>The administration was notified on 06/10/25 of the Past Non-Compliance which occurred between 06/03/25 through 06/09/25. On 06/03/25, 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 06/09/25, as the facility terminated employment of SSD, in-serviced all staff on the facility's policy and procedures on misappropriation and Resident #1 is to be refunded for the amount misappropriated.</p> <p>Review of the facility's policy titled, Abuse Prohibition Protocol Manual, dated May 2006, showed:</p> <ul style="list-style-type: none"> -Misappropriation of resident property defined as deliberate hiding, using or taking anything that belongs to a resident; -Employees are educated on the Abuse Prevention Program upon hire and annually. <p>Review of the police report, dated 06/12/2025, showed:</p> <ul style="list-style-type: none"> -During an interview on 06/11/25, SSD said Resident #1 came to his/her office for assistance with their insurance cards and Resident #1 also had his/her debit card that he/she laid on the SSD's desk. SSD wrote the debit card numbers down to use the information at a later date; -On 06/03/25, SSD transferred \$500 in two separate transactions from Resident #1's account into SSD's Cash App; -SSD in an attempt to make it appear he/she was not involved in the misappropriation of Resident #1's funds made a claim to Cash App reporting fraud on his/her account. <p>1. Review of Resident #1's face sheet showed:</p> <ul style="list-style-type: none"> - admitted on [DATE]; - Diagnoses of chronic obstructive pulmonary disease (lung disease that blocks air flow and makes breathing difficult), history of transient ischemic attack with cerebral infarction (stroke), depression, anxiety disorder, atrial fibrillation (irregular often rapid heart rate), hypertension (high <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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 265552	If continuation sheet Page 1 of 3

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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>blood pressure) and type 2 diabetes mellitus (uncontrolled blood sugar).</p> <p>Review of the resident's significant change Minimum Data Set (MDS - a federally mandated assessment instrument completed by the staff), dated 03/27/25, showed the resident's cognition to be severely impaired.</p> <p>Review of the facility's investigation dated, 06/09/25, showed:</p> <p>-On 06/03/25, Resident #1's family member notified the facility he/she believed SSD stole money from the resident's bank account and put it on her Cash App with two separate \$500 transactions. Resident #1's family along with Resident #1 went to the bank to withdraw funds from the resident's checking account and the money was not in the account. Bank investigation showed the check was deposited and then transferred into SSD's Cash App account. Resident #1's family immediately notified the facility and an investigation was started. SSD was suspended pending investigation and claimed her Cash App had been hacked and he/she would provide verification of that. The facility notified the police department to assist in the investigation. On 06/09/25, SSD admitted to the Police Department she added Resident #1's information to his/her Cash App. SSD filed a dispute of the funds taken with Cash App and Cash App will mail a check for \$1000 to the SSD. The SSD will return the \$1000 it to Resident #1 at the police department on Friday, 06/13/25. SSD's employment with the facility was terminated. If the SSD does not return the money as scheduled on Friday, the facility will reimburse Resident #1 for the misappropriated funds.</p> <p>Review of the information obtained from the resident's bank statement dated, 05/02/25-06/03/25, showed:</p> <p>-On 05/07/25, a transfer of \$10 to an account belonging to SSD;</p> <p>-On 05/07/25, a transfer of \$25 to an account belonging to SSD;</p> <p>-On 06/03/25, a two separate transfers of \$500 each to an account belonging to SSD.</p> <p>Review of SSD's personnel file showed signed attendance for in-service regarding Abuse and Neglect on 02/28/2025.</p> <p>During an interview on 06/10/25 at 11:22 A.M., Law Enforcement said he/she spoke with SSD on 06/09/25 and SSD admitted to writing Resident #1's debit card information down and adding it to his/her Cash App. Family of Resident #1 agreed to not press charges against SSD if he/she would return the funds.</p> <p>During an interview on 06/10/25 at 11:25 A.M., SSD said he/she never took any money from Resident #1. SSD said his/her Cash App account was hacked. SSD denied admitting to the police detective she added Resident #1's banking information to his/her Cash App account and took funds from Resident #1's account. SSD said she does not know how Resident #1's information could have gotten on his/her Cash App. SSD said she disputed the two transactions through Cash App for \$500 each and those funds will be returned to Resident #1.</p> <p>During an interview on 06/10/25 at 11:47 A.M., Resident #1 said he/she never gave SSD access or permission to use his/her bank card to transfer funds to SSD's account.</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 06/10/25 at 12:17 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.</p> <p>Complaint #MO2255231</p>		