

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The		STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705	

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 observation, interview, and record review, the facility staff failed to ensure residents were free from misappropriation when one resident (Resident #1) had \$40 taken from his/her wallet in his/her room at the facility without the resident's knowledge or consent. The facility had a census of 60.</p> <p>Review of the facility policy titled, Abuse Prevention Policy/Elder Justice Act, revised 01/16/19, showed misappropriation of resident property included the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of the resident's belongings, or money without the resident's consent.</p> <p>1. Review of Resident #1's face sheet (basic information sheet) showed the following:</p> <ul style="list-style-type: none"> -admission date of 09/18/18; -Diagnoses included mild cognitive impairment, general anxiety disorder (excessive worry and fear that interfere with daily life), major depressive disorder (persistent sadness, loss of interest in activities, and other symptoms that affect daily life), traumatic brain injury, presence of a pacemaker, repeated falls, and pain. <p>Review of the resident's Minimum Data Set (MDS -a federally mandated assessment tool completed by facility staff), dated 03/25/25, showed the resident had moderate cognitive impairment.</p> <p>Review of the resident's current care plan on 04/30/25, showed the following information:</p> <ul style="list-style-type: none"> -Care plan focuses included knowledge deficit, impaired physical mobility, falls, mood issues, anxiety, activities of daily living self-care deficits, and impaired communication; -Staff did not care plan regarding concerns for maintaining his/her money. <p>Review of the facility's follow-up investigation report, dated 04/30/25, showed the following:</p> <ul style="list-style-type: none"> -The resident's guardian reported he/she believed Certified Nursing Assistant (CNA) A may have taken \$40 from the resident; -The resident said he/she thought his/her family member had taken the money; -Statements were provided by staff regarding the missing money; <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The		STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705	
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>-The money could not be located;</p> <p>-Facility investigation was unable to determine what occurred with the resident's money.</p> <p>Review of a second facility follow-up investigation report, dated 05/02/25, showed the following:</p> <p>-The resident was interviewed on 04/28/25, following receipt of an allegation of theft from the resident's guardian;</p> <p>-The resident's guardian alleged CNA A had taken the resident's money;</p> <p>-The resident said his/her family member took the money;</p> <p>-The allegation of possible theft was reported to the Ombudsman and local police department;</p> <p>-The facility investigation was unable to determine what occurred with the resident's money.</p> <p>Review of the resident's fund receipts records showed on 04/25/25, the resident received \$40 in cash from his/her resident account and signed he/she received the funds.</p> <p>Review of the resident's nursing notes showed the following:</p> <p>-On 04/26/25, at 3:30 A.M., staff documented the resident fell in his/her room with a laceration noted above the right eye. The resident was sent to the hospital on [DATE], at 3:50 A.M.;</p> <p>-On 04/26/25, at 5:21 P.M., staff documented the resident returned from the hospital accompanied by his/her legal guardian.</p> <p>During an interview on 04/30/25, at 2:48 P.M., the resident said the following:</p> <p>-He/She received \$40 in cash from facility staff one week ago on Thursday or Friday;</p> <p>-He/She typically received \$40 in cash each week or so on Thursday or Friday and gave it to his/her family member when they visited during the same week;</p> <p>-He/She gave the money to his/her family member to get personal supplies and for outings they complete together regularly;</p> <p>-His/Her family member maintained a separate wallet for money he/she gave them;</p> <p>-He/She kept money received from the facility staff in his/her personal wallet and wrapped in a bandana until he/she gave the money to his/her family member;</p> <p>-He/She usually kept his/her wallet on his/her person;</p> <p>-The last \$40 he/she received disappeared from his/her wallet before he/she could give to his/her family member;</p> <p>-He/She just returned from the hospital following a fall requiring stitches;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The		STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705	

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>-He/She received the money before going to the hospital;</p> <p>-He/She had his/her wallet with him/her while at the hospital;</p> <p>-He/She could not recall when the money disappeared;</p> <p>-He/She did not see anyone take money from his/her wallet.</p> <p>Review of CNA A written statement, dated 04/26/25, showed the following:</p> <p>-He/She changed the resident when he/she returned to the facility on [DATE], at 5:10 P.M.;</p> <p>-The resident pulled money (unknown amount) from his/her wallet and said it needed to be given to his/her family member;</p> <p>-He/She told the resident to put the money back in his/her wallet so it would not get lost;</p> <p>-He/She took the resident to the dining room to eat;</p> <p>-The resident had his/her wallet in his/her lap while eating in the dining room;</p> <p>-He/She took the resident to the bathroom in his/her room after the resident finished eating;</p> <p>-He/She set the resident's wallet and tea glass on his/her table before taking him/her to the bathroom;</p> <p>-He/She went back to the dining room while the resident was using the bathroom;</p> <p>-He/She returned to the resident's room at 6:15 P.M. to assist;</p> <p>-CNA C was in the bathroom assisting the resident;</p> <p>-He/She told CNA C he/she was leaving the facility to take care of a personal situation;</p> <p>-At 6:35 P.M., Licensed Practical Nurse (LPN) D called him/her requesting he/she return to the facility regarding a situation at the facility;</p> <p>-He/She returned to the facility at 6:51 P.M., and reported to LPN D.</p> <p>During an interview on 04/30/25, at 12:24 P.M., CNA A said the following:</p> <p>-He/She worked on 04/26/25 when the resident returned from the hospital;</p> <p>-The resident returned around 5:30 P.M. accompanied by his/her guardian;</p> <p>-The resident returned in his/her hospital gown;</p> <p>-He/She took the resident to his/her room accompanied by the resident's guardian to change the resident into normal clothes;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The		STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705	
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>-He/She retrieved the resident's wallet from his/her jeans in his/her hospital bag per the resident's request and handed the wallet to the resident;</p> <p>-The resident opened the wallet and pulled out money;</p> <p>-He/She did not see how much money the resident pulled out of his/her wallet;</p> <p>-The resident placed the money back inside his/her wallet;</p> <p>-He/She placed the resident's wallet on his/her recliner side table and assisted the resident to the bathroom;</p> <p>-He/She left the room after assisting the resident to the toilet to give the resident privacy and went to the dining room;</p> <p>-At 6:15 P.M., he/she went to the resident's room and CNA C was assisting the resident in the bathroom;</p> <p>-He/She told CNA C he/she needed to leave the facility for lunch to take care of a personal matter;</p> <p>-While he/she was gone he/she received a phone call from Licensed Practical Nurse (LPN) D asking where he/she had gone;</p> <p>-LPN D told him/her to report to the nurses' station immediately and said there was a report of missing resident money;</p> <p>-He/She did not see anyone take any money from any resident;</p> <p>-Multiple staff interacted with the resident and were in and out of his/her room following his/her return from the hospital;</p> <p>-He/She does not know what occurred with the resident's money.</p> <p>Review of CNA C's written statement, not dated, showed the following:</p> <p>-On 04/26/25, at 4:45 P.M., he/she was in the dining room assisting with passing drinks to residents for the dinner meal;</p> <p>-At 6:35 P.M., he/she was informed the resident was missing an unknown amount of money;</p> <p>-He/She was in the resident's room between 5:50 P.M. and 6:00 P.M., while the resident's family member was in the room;</p> <p>-He/She assisted the resident to the bathroom and left following assisting the resident.</p> <p>During an interview on 04/30/25, at 2:04 P.M., CNA C said the following:</p> <p>-He/She worked on 04/26/25 when the resident's money went missing;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The		STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705	

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>-The resident had returned from the hospital between 5:10 P.M. and 5:30 P.M.;</p> <p>-He/She didn't realize the resident had returned from the hospital until he/she observed him/her in the dining room for dinner;</p> <p>-He/She observed the resident's family member in the resident's room with the resident following dinner;</p> <p>-The family member was sitting on the resident's bed;</p> <p>-He/She did not see any money sitting out in the resident's room and did not recall seeing his/her wallet;</p> <p>-Nursing staff interviewed CNA's during the shift regarding a report of \$40 missing from the resident;</p> <p>-He/She did not see anyone take any money from the resident or his/her room;</p> <p>-The resident usually kept his/her wallet on his/her person or wrapped in a pair of jeans next to his/her bed.</p> <p>Review of LPN D's written statement, dated 04/26/25, showed the following:</p> <p>-The resident returned from the hospital on [DATE], at 5:10 P.M., accompanied by his/her guardian;</p> <p>-LPN D, CNA A, and the resident's guardian assisted the resident to his/her room;</p> <p>-CNA A assisted the resident with changing his/her clothing;</p> <p>-The resident's wallet had been removed from the hospital bag by CNA A;</p> <p>-LPN D left the room to monitor the dining service;</p> <p>-At 5:45 P.M., the resident's family member arrived and reported the resident's wallet had no money inside;</p> <p>-The family member reported he/she had called the guardian;</p> <p>-LPN D spoke with the guardian by phone at 6:10 P.M.;</p> <p>-The guardian reported the resident had \$40 in his/her wallet when he/she left the facility at 5:25 P.M.;</p> <p>-The guardian reported the resident removed the cash from his/her wallet, looked at it, and placed it back in his/her wallet;</p> <p>-The guardian said he/she told the resident his/her family member would be arriving at any time to get the money to buy what he/she needed;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The		STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705	

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>-He/She called all staff to the nurses desk at 6:30 P.M., to gather statements.</p> <p>During an interview on 04/30/25, at 3:17 P.M., Licensed Practical Nurse (LPN) D said the following:</p> <p>-He/She was the charge nurse working on 04/26/25 when the missing money of the resident was reported;</p> <p>-The resident returned from the hospital on [DATE] around 5:10 P.M.;</p> <p>-He/She observed the resident with his/her guardian and CNA A when the resident returned to the facility;</p> <p>-CNA A was assisting the resident to his/her room to change the resident into regular clothing;</p> <p>-The resident's clothing and wallet were in a hospital bag upon his/her return;</p> <p>-He/She observed the resident open his/her wallet while in his/her room and pull out \$40 in cash consisting of one \$20 bill and two \$10 bills;</p> <p>-The resident put the cash back in his/her wallet and handed the wallet to CNA A;</p> <p>-CNA A took the wallet and placed it on the resident's recliner side table;</p> <p>-The resident's guardian was present when this occurred;</p> <p>-He/She left the area while the guardian and CNA were in the room with the resident;</p> <p>-Around 5:40 P.M., the resident's family member came to the facility to visit the resident;</p> <p>-Immediately after his/her arrival the family member came to him/her and reported \$40 was gone from the resident's wallet;</p> <p>-The family member said he/she had told the guardian who had already left the facility;</p> <p>-He/She did not see anyone take the money from the resident's wallet;</p> <p>-He/She searched the resident's room with the family member immediately and was unable to find the \$40;</p> <p>-He/She spoke with multiple staff but was unable to determine what happened to the money.</p> <p>During an interview on 04/30/25, at 1:31 P.M., CNA B said the following:</p> <p>-He/She was working on 04/26/25 when the resident's money was reported missing;</p> <p>-He/She was working in the dining room when the resident returned to the facility;</p> <p>-He/She observed several people including staff and others he/she did not know interacting with the</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The		STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705	
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>resident when he/she returned to the facility;</p> <p>-He/She did not see anyone take anything from the resident's room or in the resident's room unattended;</p> <p>-Allegations or witnessed misappropriation was to be reported immediately to the charge nurse or administration.</p> <p>During an interview on 04/30/25, at 1:50 P.M., the Social Services Director (SSD) said the following:</p> <p>-On the following Monday (04/28/25) the Director of Nursing (DON) reviewed statements gathered related to the missing money;</p> <p>-He/She called the guardian and got a statement related to the incident;</p> <p>-The guardian told him/her the resident had \$40 when he/she returned from the hospital;</p> <p>-A CNA set the wallet on the resident's bedside table with the money;</p> <p>-Approximately 5 minutes later the resident's family member came and the money was gone;</p> <p>-He/she spoke to the resident after talking to the guardian;</p> <p>-The resident did not mention anything about missing money;</p> <p>-The room was searched, and the money was not located;</p> <p>-He/She did not know specifics of the investigation;</p> <p>-He/She gives the resident \$40 every week from the business office;</p> <p>-The resident signs for the money and the receipt is given back to the business office;</p> <p>-The resident is particular with his/her belongings and keeps his wallet on his/her bed stuffed in a pillow;</p> <p>-He/She would report any allegation of misappropriation to the Administrator and DON.</p> <p>During an interview on 04/30/25, at 2:58 P.M., the resident's family member said the following:</p> <p>-He/She arrived at the facility on 04/26/25 shortly after 5:30 P.M., once the resident had returned to the facility from the hospital;</p> <p>-The guardian had already left the facility when he/she arrived;</p> <p>-The resident opened his/her wallet when he/she arrived to give him/her \$40 and no money was found in the resident's wallet;</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The		STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705	

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>-The wallet was at the resident's bedside table;</p> <p>-He/she immediately called the guardian about the missing money;</p> <p>-The guardian told him/her the resident had \$40 to give him/her consisting of one \$20 and two \$10's the resident showed the guardian and put back in his/her wallet;</p> <p>-He/She did not know the length of time between the guardian leaving and his/her arrival to the facility;</p> <p>-The resident gives him/her \$40 in cash every Friday for personal items and outings they have that day/weekend;</p> <p>-He/She puts the money in a billfold specifically for the resident and provides receipts of money spent to the guardian;</p> <p>-He/She did not see anyone take the money from the room or wallet.</p> <p>Review of an emailed statement, dated 04/28/25, from the resident's guardian to the SSD showed the following:</p> <p>-On 04/26/25, at 5:21 P.M., he/she arrived at the facility along with the resident who returned via transport van;</p> <p>-He/She followed the resident to his/her room along with a facility aide;</p> <p>-The residents belongings from the hospital were in a bag he/she received from the driver on facility arrival;</p> <p>-He/She opened the resident's bag and removed the resident's wallet from his/her pants pocket;</p> <p>-He/She told the resident to give the money to his/her family member when he/she arrived for shopping for the resident;</p> <p>-The resident opened the wallet, and he/she observed one \$20 and two \$10's in the wallet;</p> <p>-The resident closed the wallet, and the CNA took the wallet from the resident and threw it on the table near the resident's recliner;</p> <p>-He/She visited with the resident and then left the facility at 6:10 P.M.;</p> <p>-At 6:18 P.M., the resident's family member called stating he/she had been at the facility for approximately five minutes;</p> <p>-The family member said when the resident got his/her wallet to give him/her the money it was missing from the wallet;</p> <p>-He/She told the family member the aide had thrown the wallet on the table near the recliner;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265594	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Ozarks Methodist Manor, The		STREET ADDRESS, CITY, STATE, ZIP CODE 205 South College, Marionville, MO 65705	
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>-The family member said the wallet was in the same location when the resident grabbed his/her wallet;</p> <p>-He/She had the family member ask the resident if anyone had been in the room from the time, he/she left to when the family member arrived other than the CNA. The resident told the family member, no.;</p> <p>-He/She reported the allegation to LPN D at 6:21 P.M.</p> <p>During an interview on 04/30/25, at 3:56 P.M., the DON said the following:</p> <p>-The investigation was ongoing, but no one had been identified as taking the money;</p> <p>-The resident got \$40 in cash every week to go on outings with his/her family member;</p> <p>-The guardian left that night at 6:10 P.M., and the family called to report the money missing to the guardian at 6:18 P.M.;</p> <p>-He/She did not know what happened to the money;</p> <p>-Allegations of misappropriation are to be reported immediately to administration;</p> <p>-Resident money and belongings should be accounted for.</p> <p>During an interview on 04/30/25, at 3:50 P.M., the Administrator said the following:</p> <p>-The missing money of the resident was still under investigation;</p> <p>-The investigation had not been able to identify what may have happened to the money;</p> <p>-The resident received \$40 weekly and gives to his/her family member;</p> <p>-The resident's funds were to be made available to the residents and be accounted for.</p> <p>MO00253418</p>		