

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265827	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Bellevue Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1616 Weisenborn Road Saint Joseph, MO 64507	
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)		
F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>Based on record review and interview, the facility failed to maintain a system to assure an accurate accounting of resident trust fund accounts was sent to the resident or resident's representative, on a quarterly basis. This deficient practice affected four of four sampled residents, (Resident #1, #2, #3, and #4). The facility census was 84. Review of the facility's Transactions Involving Resident Funds or Property policy, dated 6/1/2023, showed:-It is the practice of this facility that any time there is a transaction involving residents, the resident must be provided with a receipt of such transaction;-Copies of each transaction are filed in the business office;-The facility will establish and maintain a system that assures a complete and separate accounting of each resident's personal funds and is according to generally accepted accounting principles;-The Business Office Manager (BOM) is responsible for ensuring that resident funds are reconciled on a monthly basis;-Discrepancies are promptly reported to the Administrator for investigation;-Quarterly statements will be provided in writing to the resident, or the resident's representative, within 30 days after the end of the quarter and upon request. 1. Review of Resident #1's Resident Trust Fund (RTF) account showed:-A quarterly reporting of the account was sent to the resident's representative on 11/10/2025;-A quarterly report had not been sent to the resident's representative in the previous six months. 2. Review of Resident #2's RTF account showed a quarterly accounting of the report had not been sent to the resident's representative in the previous six months. 3. Review of Resident #3's RTF account showed a quarterly accounting of the report had not been sent to the resident's representative in the previous six months. 4. Review of Resident #4's RTF account showed a quarterly accounting of the report had not been sent to the resident's representative in the previous six months. During an interview on 12/4/25 at 1:34 P.M., the BOM said:-He/She had not been sending the quarterly reports of RTF to the resident or resident's representatives;-An accounting of the resident's RTF account should be sent to the resident or their representative quarterly and upon request. During an interview on 12/4/25 at 3:15 P.M., the Facility Regional Consultant said:-The BOM was responsible for sending the RTF accounting reports to residents or resident representatives;-These reports are to be sent quarterly and upon request; -These can be provided in writing or in electronic form. Intake 2634140</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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