MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	53SM	A. BUILDING: _____ B. WING _____	C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARKVILLE MANOR HEALTH CARE AND REHABILI1	1001 HOSPITAL ROAD STARKVILLE, MS 39759

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M 000	Initial Comments The State Agency (SA) conducted a complaint investigation (CI), MS#23177 from 11/07/23 through 11/08/23. The SA determined the facility was not in compliance with the Minimum Standards of Operation for Institutions for the Aged or Infirm, state licensure requirements and cited M500 for misappropriation of resident trust funds. The census at the time of the complaint survey was 116 and they held a license for 119 bed.	M 000		
M 360	45.13.1 Accounting Accounting. Accounting methods and procedures should be carried out in accordance with a recognized system of good business practice. The method and procedure used should be sufficient to permit annual audit, accurate determination of the cost of operation and the cost per resident per day. This Statute is not met as evidenced by: Level II Based on staff and resident interviews, record review and facility policy review, the facility failed to employ proper bookkeeping techniques for individual resident funds for three (3) of 3 residents out of the 111 total residents with Trust Funds. Resident #1, Resident #2, and Resident #3. Findings include: Record review of "Policies and Procedures"Resident Trust Fund - Overview" with revision date of 04/22/2019 revealed, "Policy: The Care Center will maintain all resident trust fund	M 360	1. Root Cause Analysis (RCA) was completed by the Quality Assurance Improvement (QAPI) Committee on 10/24/23. Based on findings, proper bookkeeping techniques were not employed by the facility for individual trust funds for residents #1, #2, and #3. On November 6, 2023, resident #1 was refunded $1,641.71, resident # 2 was refunded $50.00, and resident #3 was refunded $114.80. Business Office Manager was terminated on October 20, 2023 due to poor work performance. Audit initiated on October 24, 2023 through October 27, 2023 to ensure all mis-posted monies in question are	12/8/23

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M 360	Continued From page 1 accounts in compliance with Federal and State regulations and with generally accepted accounting practices. Procedure:....4. According to Federal regulations 483.10(f)(10): ....b. Upon written authorization by a resident, the Care Center must hold, safeguard, manage, and account for personal funds of the resident deposited with the center. c. The Care Center must establish and maintain a system that assures a full, complete, and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the center on the resident's behalf..." On 11/07/23 at 1:45 PM, an interview with the Administrator (ADM) revealed that former Business Office Manager (BOM) had been terminated on 10/20/2023 for poor work performance and attendance. The administrator revealed that at the time of her (BOM) dismissal, they had no idea that she had misappropriated resident funds. She revealed that an audit was initiated immediately and that it was during the initial phase of the audit that they found some suspicious transactions. ADM revealed that they had noticed on Resident #1's record, that she had withdrawn a large amount of money from her account and then a couple days later, requested another large amount to be withdrawn. ADM revealed that this triggered a full audit on all resident accounts, and they went back to 09/01/22, the date this BOM was hired, through 10/20/23, the date she was terminated. She revealed that Resident #1 was interviewed, and she denied making the request for the $700.00. ADM revealed that the longer they audited, the more issues they found with other residents' accounts.	M 360	refunded. On 10/24/2023 incident was reported by the Executive Director to the Attorney General, State Department of Health, and Starkville Police Department. On 10/24/2023 to 10/27/2023 100% audit of all residents with trust fund accounts were audited by Regional Business Office Manager and Executive Director. Quality review of trust funds identified 31 residents and were all refunded on 11/06/2023. 2. All residents with trust funds have the potential to be affected by this alleged deficient practice. 3. Quality review was conducted by Executive Director on 10/24/2023 to ensure resident trust fund accounts are reconciled by auditing of cash receipts, trust fund transactions, and operating accounts. During Quality Review on 10/24/2023 policy's on Abuse, Neglect, Misappropriation of Personal property, as well as trust fund overview were review and no revisions were made. Education with all staff was conducted on 10/24/23 by the Executive Director with emphasis on Abuse, Neglect, Misappropriation of Personal property, as well as trust fund overview. On 10/26/23, education conducted with all staff responsible for shopping for residents by the Regional Business Office Manager with emphasis on resident shopping policy and procedures. Newly hired staff will be educated by the Executive Director on the policies and procedures that govern resident abuse, neglect, misappropriation of resident personal property, and	

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M 360	Continued From page 2 On 11/07/23 at 2:15 PM, an interview with Regional Director of Business Office Services (RDBOS) revealed that on Tuesday, 10/24/23, they came across transactions on Resident #1's account with two different withdrawal requests within a few days of each other, one for $600.00 and the other for $700.00. The RDBOS revealed they questioned these large amounts and Resident #1 denied making the requests. The RDBOS revealed that they discovered a printed check for $700.00 in the business office, the Administrator cashed the check and had it reimbursed to Resident #1's account. RDBOS revealed that during the investigation, they determined that this issue with the misappropriation of resident funds started in the last two or three months. She revealed that because guidelines weren't followed, they reimbursed everything in question. The RDBOS revealed that during an interview with Resident #1, she said that she had requested $600.00 from her account and only wanted $300.00 and had given the other $300.00 in cash back to BOM to be put back into her account and during investigation, it was found that the $300.00 had not been put back into her account. Resident #1 revealed that she did not receive a receipt when she gave the $300.00 in cash to the BOM to be put back into her account. On 11/07/23 at 3:00 PM, an interview with Resident #1 revealed that a couple of weeks ago, she was in the cafeteria, when the ADM and Social Services Director (SSD) came to her asking her about a large sum of money that had been withdrawn from her account, the total of $1600.00 over a period of a few days. Resident #1 revealed that she went into the business office once a month and looked at her statement and hadn't noticed any issues with her account.	M 360	shopping policy and procedures. 4. A Quality Assurance Improvement (QAPI) meeting was held on 10/24/23 to ensure that proper bookkeeping techniques are followed by facility. The Executive Director will conduct Quality Monitoring initiating on 10/24/23, cash receipts, trust fund transactions and operating accounts daily x 4 weeks to ensure accurate posting of applicable transactions to the appropriate accounts, then monthly for 3 months to ensure polices and procedures are followed. On December 4, 2023, we will conduct a Quality Assurance Improvement (QAPI) meeting to review our findings from our Quality Monitoring to ensure our solution is sustained. We will review all findings on the 1st Monday of each month during the QAPI meeting by the QAPI Committee in the monthly meeting for 3 months to ensure our solutions are sustained.	

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M 360	Continued From page 3	M 360		

Resident #1 revealed that the facility found the problem with the missing money after the Business Office Manager had left.

On 11/08/23 at 9:30 AM, an interview with Resident #2, revealed that he had no problem getting money if he had it in his account. He revealed that he got a statement from the business office yesterday and it showed that they had put the money back into his account that was missing. Resident #2 revealed that about two weeks ago, the staff came around and talked to him about some money that was missing out of his account that he didn't even know about. He said, "They (facility staff) found it." He revealed that he received quarterly statements but hadn't noticed any money missing.

On 11/08/23 at 10:15 AM, an interview with Resident #3 revealed that she had $116.00 come up missing out of her account; but was not aware of it until the facility told her about it two weeks ago. She revealed that the facility told her they would replace it and they did.

On 11/08/23 at 10:30 AM, an interview with the Social Services Director (SSD) revealed that about two weeks ago, she had noticed a printed check for $700.00 for Resident #1. The SSD revealed that Resident #1 had just requested a large sum of money in that same week and it threw up a red flag because this resident normally asked for smaller amounts at a time. She revealed that she (SSD) and the Activities Director went and talked to Resident #1 about this withdrawal and this resident denied requesting that sum of money. The SSD revealed that this was the same day that the BOM was terminated, 10/20/23. The SSD revealed that she asked Resident #1 about the second check,

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M 360	Continued From page 4	M 360		

and she had no knowledge of requesting it either. SSD revealed that they had not realized there was an issue with the resident accounts until after the BOM was gone.

On 11/08/23 at 9:30 AM, an interview with the ADM revealed that during the audit, they discovered that there had been money pulled out of some of the accounts without signed withdrawal tickets and some money had been pulled out without a ticket at all. The Administrator revealed that if the proper steps had been followed, there would not have been any issues with these accounts and there would not be money missing. She also revealed that the BOM was the only one who could pull money out of the accounts. She stated that with the audits, it was discovered that some of the financial reports she was required to run were not done in time and the reconciliation she was required to do was "hit or miss."

On 11/08/23 at 9:40 AM, an interview with the ADM revealed that they had the receptionist doing withdrawal request receipts, the BOM took care of the withdrawals, posting and someone else got checks cashed. She revealed that they had identified that there were no withdrawal tickets on some transactions and that money was pulled out of the account without tickets. She confirmed that if the proper steps had been followed, this misappropriation of the residents' money would not have happened.

On 11/08/23 at 1:00 PM, an interview with the ADM revealed that the former Business Office Manager had stopped following the correct process as identified in policies and procedures and she was terminated on 10/20/23. The ADM revealed that going forward, she (ADM) would

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M 360	Continued From page 5	M 360		

check behind the receptionist, Business Office Manager, and reconcile all transactions daily to help prevent anything like this from happening again. The ADM revealed that the BOM failed to get the proper authorization/signatures and receipts at times, and she (ADM) would also check to make sure the proper signatures were obtained on all requested funds.

During the interview on 11/08/23 at 1:00 PM, Administrator confirmed that the variance amount printed on the resident transaction form was the amount unaccounted for in the residents' accounts.

Record review of sampled Resident Trust Fund Transaction Forms dating back to 09/14/2022 and keyed in by Business Office Manager included the following:

Resident #1
02/22/2023 - Variance of $15.34 with reason for variance - no returned change can be validated from resident shopping.
05/12/2023 - Variance of $20.00 with reason for variance - no authorization for withdrawal, no ticket or signature
09/11/2023 - Amount posted in Trust Account was $600.00 with variance of $300.00 - Resident interview revealed that she returned $300.00 to be deposited back into her account and no record of return.
10/10/2023 - Variance of $206.41 with reason for variance - missing resident signature on shopping form
10/10/2023 - Variance of $500.00 with reason for variance - No withdrawal ticket - No authorization to withdraw funds.
10/16/2023 - Variance of $600.00 with reason for variance - No withdrawal ticket - No authorization

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M 360	Continued From page 6	M 360		

to withdraw funds.

Resident #2
05/12/23 - Variance of $20.00 with reason for variance - No authorization for withdrawal - No tickets/No signature
09/14/23 - Variance of $30.00 with reason for variance - Shopping form not signed.

Resident #3
09/14/23 - Variance of $69.00 with reason for variance - Missing resident signature on shopping form
10/10/23 - Variance of $45.80 with reason for variance - Missing resident signature on shopping form

Record review of "Resident Fund Management Services Deposit Record" documented the total amount reimbursed to all resident's accounts totaled $4,439.67 for misappropriation.

Record review of the Employee Corrective Action Form for the BOM dated 10/20/23 revealed the BOM's employment terminated.

Record review of Resident #1's Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 10/22/23 under Section C was documented a Brief Interview for Mental Status Score (BIMS) Score of 15 which indicated that she was cognitively intact.

Record review of Resident #2's MDS with ARD of 10/18/23 under Section C was documented a BIMS Score of 15 which indicated that this resident was cognitively intact.

Record review of the MDS with ARD of 09/04/23 under Section C was documented a BIMS Score

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M 360	Continued From page 7 of 15 which indicated that she was cognitively intact.	M 360		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same	M 500		12/8/23

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M 500	Continued From page 8 standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; 6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law; 7. is free from mental and physical abuse; 8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the	M 500		

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M 500	Continued From page 9	M 500		

resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;
9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;

10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;

11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;

12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);

13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as

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M 500	Continued From page 10 documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level II Based on staff and resident interviews, record review and facility policy review, the facility failed to protect resident's rights to be free from misappropriation of property from Resident Trust Funds for three (3) of 3 residents out of 111 total residents with Trust Funds. Resident #1, Resident #2, and Resident #3. Findings Include: Record review of "Policies and Procedures	M 500	1.Root Cause Analysis was conducted by the Quality Assurance Improvement (QAPI) Committee 10/24/23 based on findings, the facility failed to ensure the resident was free from misappropriation of property from trust funds for residents #1, #2, and #3. On 11/6/23, residents #1, #2, and #3 were refunded all money owed. On 10/24/2023 incident was reported by the Executive Director to the Attorney General, State Department of Health, and Starkville Police Department. On 10/24/2023 to 10/27/2023 100% audit of all residents with trust fund accounts were	

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M 500	Continued From page 11 Abuse, Neglect, Exploitation & Misappropriation" with revision date of 11/16/2022, revealed, "Policy: It is inherent in the nature and dignity of each resident at the center that he/she be afforded basic human rights, including the right to be free from abuse, neglect, mistreatment, exploitation and/or misappropriation of property...No employee may at any time commit an act of physical, psychological, or emotional abuse, neglect, mistreatment, and/or misappropriation of property against any resident... Definitions:...Misappropriation of resident property is the deliberate misplacement, exploitation, or wrongful, temporary, permanent use of a resident's belongings or money without the resident's consent. Employee' Misappropriation includes but is not limited to: ...Theft of money from bank accounts...Unauthorized or coerced purchases from resident's funds ....." During an an interview on 11/07/23 at 1:45 PM, with the Administrator (ADM) revealed that former Business Office Manager (BOM) had been terminated on 10/20/2023 for poor work performance and attendance. The ADM revealed that at the time of her dismissal, they had no idea that she had misappropriated resident funds. She revealed that an audit was initiated immediately and that it was during the initial phase of the audit that they found some suspicious transactions. ADM revealed that they had noticed on Resident #1's record, that she had withdrawn a large amount of money from her account and then a couple days later, requested another large amount to be withdrawn. ADM revealed that this triggered a full audit on all resident accounts, and they went back to 09/01/22, to audit the resident's accounts. She revealed that Resident #1 was interviewed, and she denied making the request	M 500	audited by Regional Business Office Manager and Executive Director. Quality review of trust funds identified 31 residents. 2.All residents with trust funds have the potential to be affected by this alleged deficient practice. 3.Quality review was conducted by the Executive Director on October 20, 2023 to ensure residents identified as being affected of misappropriation were refunded misappropriated funds by the facility. On 10/24/23 the Executive Director initiated staff training on the policies and procedures that govern resident rights to be free from abuse, neglect, exploitation, and misappropriation of property. Newly hired staff will be educated by the Executive Director on the policies and procedures that govern resident rights to be free from abuse, neglect, exploitation, and misappropriation of property. 4.A Quality Assurance Performance Improvement (QAPI) meeting was held 10/24/23 to ensure the prevention of misappropriation of resident trust funds by auditing of cash receipts, trust fund transactions and operating accounts to ensure accurate posting of applicable to the appropriate accounts. Executive Director will conduct Quality Monitoring initiating on 10/24/23 of 6 residents with trust funds daily x 4 weeks, then monthly for 3 months. On 12/4/23, we will conduct a QAPI to review our findings from our Quality Monitoring to ensure our solution is	

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	53SM	A. BUILDING: _____ B. WING _____	C 11/08/2023

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M 500	Continued From page 12 for the $700.00. ADM revealed that the longer they audited, the more issues they found with other residents' accounts. The ADM revealed that there were 29 residents out of 111 total residents with trust funds affected. During an interview on 11/07/23 at 2:15 PM, with Regional Director of Business Office Services (RDBOS) revealed that on Tuesday, 10/24/23, they came across transactions on Resident #1's account with two different withdrawal requests within a few days of each other, one for $600.00 and the other for $700.00. The RDBOS revealed they questioned these large amounts and Resident #1 denied making the requests. She revealed that they discovered a printed check for $700.00 in the business office, the Administrator cashed the check and had it reimbursed to Resident #1's account. RDBOS revealed that during the investigation, they determined that this issue with the misappropriation of resident funds started in the last two or three months. She revealed that because guidelines weren't followed, they reimbursed everything in question. The RDBOS revealed that during an interview with Resident #1, resident said that she had requested $600.00 from her account and only wanted $300.00 and had given the other $300.00 in cash back to BOM to be put back into her account and during investigation, it was found that the $300.00 had not been put back into her account. Resident #1 revealed that she did not receive a receipt when she gave the $300.00 in cash to the BOM to be put back into her account. An interview with Resident #1 on 11/07/23 at 3:00 PM, revealed that a couple of weeks ago, she was in the cafeteria, when the ADM and Social Services Director (SSD) came to her asking her about a large sum of money that had been	M 500	sustained. We will review all findings from our Quality Monitoring on the 1st Monday of each month during the QAPI meeting by the QAPI Committee for 3 months to ensure our solution is sustained.	

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M 500	Continued From page 13	M 500		

withdrawn from her account, the total of $1600.00 over a period of a few days.

An interview with Resident #2 on 11/08/23 at 9:30 AM, revealed that he had no problem getting money if he had it in his account. Resident #2 revealed that about two weeks ago, the staff came around and talked to him about some money that was missing out of his account that he didn't even know about. He said, "They (facility staff) found it." He revealed that he received quarterly statements but hadn't noticed any money missing.

An interview with Resident #3 On 11/08/23 at 10:15 AM, revealed that she had $116.00 come up missing from her account; but was not aware of it until the facility told her about it two weeks ago. She revealed that the facility told her they would replace it and they did.

An interview with Social Services Director (SSD) on 11/08/23 at 10:30 AM, revealed that about two weeks ago, she had noticed a printed check for $700.00 for Resident #1. SSD revealed that Resident #1 had just requested a large sum of money in that same week and it threw up a red flag because this resident normally asked for smaller amounts at a time. She revealed that she (SSD) and Activities Director went and talked to Resident #1 about this withdrawal and this resident denied requesting that sum of money. SSD revealed that this was the same day that BOM was terminated, 10/20/23. SSD revealed that she asked Resident #1 about the second check, and she had no knowledge of requesting it either.

An interview with ADM on 11/08/23 at 9:30 AM, revealed that during the audit, they discovered

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M 500	Continued From page 14	M 500		

that there had been money pulled out of some of the accounts without signed withdrawal tickets and some money had been pulled out without a ticket at all. The administrator revealed that if the proper steps had been followed, there would not have been any issues with these accounts and there would not be money missing. She also revealed that the BOM was the only one who could pull money out of the accounts. She stated that with the audits, it was discovered that some of the financial reports she was required to run were not done in time and the reconciliation she was required to do was "hit or miss." She confirmed that the BOM took care of the withdrawals, posting and someone else got checks cashed. She revealed that they had identified that there were no withdrawal tickets on some transactions and that money was pulled out of the account without tickets. She confirmed that if the proper steps had been followed, this misappropriation of the residents' money would not have happened and confirmed that they should have monitored this better and that the BOM had stopped following the correct process.

An interview on 11/08/23 at 1:00 PM, Administrator confirmed that the variance amount printed on the resident transaction form was the amount unaccounted for in the residents' accounts.

Record review of sampled Resident Trust Fund Transaction Forms dating back to 09/14/2022 and keyed in by Business Office Manager included the following:

Resident #1
02/22/2023 - Variance of $15.34 with reason for variance - no returned change can be validated from resident shopping.

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M 500	Continued From page 15 05/12/2023 - Variance of $20.00 with reason for variance - no authorization for withdrawal, no ticket or signature 09/11/2023 - Amount posted in Trust Account was $600.00 with variance of $300.00 - Resident interview revealed that she returned $300.00 to be deposited back into her account and no record of return. 10/10/2023 - Variance of $206.41 with reason for variance - missing resident signature on shopping form 10/10/2023 - Variance of $500.00 with reason for variance - No withdrawal ticket - No authorization to withdraw funds. 10/16/2023 - Variance of $600.00 with reason for variance - No withdrawal ticket - No authorization to withdraw funds. Resident #2 05/12/23 - Variance of $20.00 with reason for variance - No authorization for withdrawal - No tickets/No signature 09/14/23 - Variance of $30.00 with reason for variance - Shopping form not signed. Resident #3 09/14/23 - Variance of $69.00 with reason for variance - Missing resident signature on shopping form 10/10/23 - Variance of $45.80 with reason for variance - Missing resident signature on shopping form Record review of "Resident Fund management Services Deposit Record" documented the total amount reimbursed to all resident's accounts totaled $4,439.67 for misappropriation. Record review of Resident #1's Admission Record revealed Admission Date of 05/07/2019	M 500		

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M 500	Continued From page 16 with diagnoses including Chronic Obstructive Pulmonary Disease and Agoraphobia with Panic Disorder. Record review of the Minimum Data Set (MDS) with Assessment Reference Date (ARD) of 10/22/23 under Section C was documented a Brief Interview for Mental Status Score (BIMS) Score of 15 which indicated that she was cognitively intact. Record review of Resident #2's Admission Record revealed admission date of 08/28/2007, with diagnoses including Hemiplegia, unspecified affecting left nondominant side and Epilepsy. Record review of Resident #2's MDS with ARD of 10/18/23 under Section C was documented a BIMS Score of 15 which indicated that this resident was cognitively intact. Record review of Resident #3 Admission Record revealed admission date of 11/08/2021 with diagnoses including Hemiplegia and Hemiparesis following unspecified Cerebrovascular Disease affecting the left non-dominant side and End Stage Renal Disease, Dependence on Renal Dialysis. Record review of Resident #3's MDS with ARD of 09/04/23 under Section C was documented a BIMS Score of 15 which indicated that she was cognitively intact.	M 500		