STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255271	A. BUILDING _____ B. WING _____	C 11/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY COMMUNITY LIVING CTR	323 INDUSTRIAL PARK DRIVE LIBERTY, MS 39645

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F 000	INITIAL COMMENTS The State Agency (SA) conducted three (3) Complaint Investigations (CI MS #26950, CI MS #26876 and CI MS #26817) at the facility from 11/14/24 through 11/18/24. CI MS #26950 for Resident Abuse, Resident Neglect, Accidents and Quality of Care/Treatment related to resident left wet for extended period. CI MS #26876 for Resident Rights related to billing and Misappropriation of Property/Misuse of resident Personal Funds by the facility. CI MS #26817 for Quality of care/Treatment, Resident Neglect, transfer Rights and Nursing Services. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid related to CI MS #26876 and cited F568, F602, F609 and F610. The facility held a license for 80 beds, with a census of 68 residents.	F 000		
F 568 SS=D	Accounting and Records of Personal Funds CFR(s): 483.10(f)(10)(iii) §483.10(f)(10)(iii) Accounting and Records. (A) The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. (B) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. (C)The individual financial record must be available to the resident through quarterly statements and upon request. This REQUIREMENT is not met as evidenced by:	F 568		12/20/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 12/11/2024

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F 568	Continued From page 1 Based on interviews, record reviews, and facility policy review, the facility failed to employ proper bookkeeping techniques and prevent the commingling of resident funds for one (1) of four (4) residents reviewed with the potential to affect any residents who have or have had a resident trust fund. Resident #3 Findings include: Review of the facility policy titled, "Freedom from Abuse, Neglect and/or Exploitation Prevention Plan - Education," revised 8/23/17, revealed "The resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation by anyone, including, but not limited to, facility staff... Misappropriation of resident property - Deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent ..." On 11/14/24 at 1:46 PM, during a telephone interview, the Resident Representative (RR) for Resident #3 stated that she had been contacted by the current facility Business Office Manager (BOM) and was asked about her mother's funds, specifically the money earmarked for her mother's funeral expenses. The RR added that at the time of her mother's admission to the facility, her mother had three thousand, eight hundred dollars ($3800.00) in her bank account that had been saved to assist with her funeral expenses. The RR stated that she was told the entire amount of money in the resident's bank account could be deposited in a resident trust account at the facility and that the entire amount would be earmarked for funeral expenses and would be available at the time of the resident's death. The	F 568	A record review of the Resident trust funds for Resident #3 was audited on 11/14/2024 by the current Business Office Manager (BOM) and Administrator with no abnormal findings. The deficient practice of failing to employ proper bookkeeping techniques and preventing the commingling of resident funds has the potential to affect all residents who reside in the facility. On 11/18/2024 the Administrator and the current BOM conducted a 100% audit on all resident trust funds with no adverse findings pertaining to missing funds. On 11/15/2024 the Administrator and the Regional Director of Operations (RDO) directly in-serviced the present Business office manager (BOM) on Identifying Exploitation, Theft, and Misappropriation of Resident Property. On 11/18/2024 the Administrator and RDO directly in serviced the current BOM on proper bookkeeping techniques to include witness signatures and proof of purchase receipts. The Quality Assurance Performance Improvement team (QAPI) met on 11/18/2024 and discussed policy and procedures related to resident trust funds with no revisions needed. Effective 11/18/2024 the BOM will review resident trust fund accounts for accuracy with the Administrator weekly for 4 weeks ending 12/16/2024, then the BOM will review resident trust fund accounts with the Administrator monthly for 4 months ending 04/1/2025. Effecting 4/1/2025 the BOM will review resident trust fund accounts for accuracy with the	

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F 568	Continued From page 2 RR proceeded to explain that after a second call inquiring about the money in her mother's account, she had contacted the facility's former Administrator and asked to come in for a review of the resident's trust fund account. She stated that during her meeting with the former Administrator she observed withdrawal receipts from her mother's account that had her signature on them. The RR for Resident #3 stated that she, nor any family member had received any cash from the resident, as the resident's family bought all of her clothes and did not receive gifts from the resident. The RR stated that her mother did not possess the cognitive ability to manage cash in a safe, responsible manner. She also stated that during her meeting with the former Administrator, she told him that her signature had been forged and that there was fraud involved in the management of Resident #3's trust fund account. The RR stated that the former Administrator told her that he was going to continue to look into the situation and would handle it. On 11/14/24 at 2:07 PM, during a telephone interview, the former Administrator stated that the annual Medicaid audits of resident trust funds revealed there was an excess of three thousand dollars ($3,000.00), which had been 'earmarked' for funeral expenses that was gone from the trust fund account of Resident #3. He stated he could not recall the exact amount, but the record review of the resident's account statement and withdrawal receipts revealed several questionable withdrawals. He added that he had not reported anything to the State Agency (SA) because he was not sure if there was anything to report, although he confirmed that the resident's RR had told him that there were receipts with her name	F 568	Administrator and RDO quarterly continuing indefinitely. Any adverse findings will be addressed immediately during daily stand-up meetings and then discussed monthly in the Quality Assurance Performance Improvement meetings for review and recommendations. Any identified concerns will be addressed immediately and reported to the Administrator and brought to the Quality Assurance Performance Improvement meeting beginning 12/9/2024 and then monthly for 4 months thereafter ending 4/1/2025.	

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F 568	Continued From page 3	F 568		

on them that she had not signed. He state that he had notified the Regional Director of Operations (RDO) who had told him that she would audit the resident trust accounts for misappropriation. He stated that following the RDO's audit, he had been reassured that all the resident's funds had been accounted for and therefore he had not reported any accusation of misappropriation to the SA. The former Administrator stated that his concerns came from withdrawals from Resident #3's account that included three (3) beauty shop charges listed for the same day, and receipts which stated, 'Gift Shop' and 'Snack Bar' because the facility did not have a gift shop or a snack bar.

On 11/15/24 at 2:38 PM, during an interview with the current facility BOM, she stated that she was not able to locate receipts for several items listed on Trust Fund Disbursement Slips and Withdrawal Slips for Resident #3, including a specialty chair listed on a Resident Trust Fund Disbursement Slip dated 10/16/23.

A record review of Resident #3's resident fund records revealed there was no receipt for any medical equipment or specialty chair to support the claim of purchase from the resident's trust fund account.

On 11/18/24 at 4:42 PM, during a telephone interview the facility's former BOM explained she had limited training regarding management of resident trust fund accounts. She stated that if the resident had a need and funds in the account, she would shop on line, locate the item, have the resident sign a slip/receipt for withdrawal of funds necessary for the purchase, take the money from their account, buy an "Online Vendor" gift card and used the gift card to make purchases. She

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stated she also used or her own "Online Vendor" account to purchase the items online for residents and paid her bill with money removed from the resident's trust fund account. She stated that in October 2023, Resident #3 needed a wheelchair and the resident's RR verbally authorized use of funds from her account to order one. She said she had the resident sign a Resident Trust Fund Disbursement Slip on 10/16/24 for nine hundred fifty dollars ($950.00), used the resident's funds to purchase a wheelchair from an "Online Vendor" for six hundred forty-one dollars and forty-nine cents ($641.49) and purchased other items on her own without authorization that totaled approximately three hundred dollars. The former BOM stated, "I may have been out of line on that." If I need to reimburse her on that I will be glad to, as that was "my judgement call." She confirmed that there were no receipts for items she had purchased for the resident, including a specialty chair, in her Resident Fund Management Service (RFMS) folder, only screen shots of items that were purchased. The BOM confirmed that the screen shots were not actually receipts for the item as evidence that the item had indeed been purchased or received by the resident.

On 11/18/24 at 5:30 PM, during an interview with the RDO, she revealed that she was the designee for the Administrator, who was out for the day. She stated that she had reviewed the account for Resident #3 on 8/29/24, as a result of questions raised by the resident's RR in which she matched Withdrawal Slips with the Resident Account Statement. She confirmed that she had not looked for vendor receipts for items purchased by the facility staff using the resident's trust funds. She said that the procedures employed by the

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F 568	Continued From page 5 former BOM were "bad bookkeeping practices," and did not comply with current accounting standards. She confirmed that Resident #3 had severe cognitive impairment. On 11/20/24 at 5:15 PM, in a post survey telephone interview with the RR for Resident #3 revealed that she stated there had been no discussion in October 2024, or any time of using the resident's funds to purchase a wheelchair. Record review of the Admission Record for Resident #3 revealed the facility admitted the resident on 7/20/22. The resident had diagnoses that included Diabetes, Dementia, and Disorientation. Record review of the Quarterly Minimum Data Set (MDS) for Resident #3, with an Assessment Reference Date (ARD) of 8/29/24, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 3, which indicated severe cognitive impairment. Record review of the Quarterly MDS for Resident #3 with an ARD of 5/31/24, revealed the resident had a BIMS score of 4, which indicated severe cognitive impairment. Record review of the Quarterly MDS for Resident #3 with an ARD of 3/02/24, revealed the resident had a BIMS score of 5, which indicated severe cognitive impairment.	F 568		
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse,	F 602		12/20/24

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F 602	Continued From page 6 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 interviews, record review, and facility policy review, the facility failed to ensure residents were free from misappropriation of funds for one (1) of four (4) residents reviewed (Resident #3), with the potential to affect 53 residents who have a resident trust fund. Findings included: Review of the facility policy titled, "Freedom from Abuse, Neglect and/or Exploitation Prevention Plan - Education," revised 8/23/17, revealed "The resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation by anyone, including, but not limited to, facility staff... Misappropriation of resident property - Deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent ..." On 11/04/2024 at 1:46 PM, during a telephone interview, the Resident Representative (RR) for Resident #3 reported that the current facility Business Office Manager (BOM) contacted her regarding her mother's funds, specifically money earmarked for funeral expenses. She stated she met with the facility's former Administrator in September 2024 to review Resident #3's trust fund account and identified a Withdrawal Receipt dated 04/23/2024 for $650.00 for clothing. She	F 602	A record review of the Resident trust funds for Resident #3 was audited on 11/14/2024 by the current Business Office Manager (BOM) and Administrator with no abnormal findings. All residents that have a resident trust fund have the potential to be affected. On 11/15/2024 a comprehensive audit was completed on the resident trust fund account by the Administrator and Regional Director of Operations (RDO) with no abnormal findings. The Business Office Manager (BOM) and the Administrator were directly in serviced by the Regional Director of Operations on 11/18/2024 on Identifying Exploitation, Theft, and Misappropriation of Resident Property. On 11/18/2024 the Regional Director of Operations directly in serviced the Business office manager and the Administrator on proper bookkeeping techniques to include correct documentation, proof of purchase and signatures of all spending in resident trust fund accounts. The Quality Assurance Performance Improvement Team (QAPI) met on 11/18/2024 and discussed policy and procedures related to resident trust funds with no revisions needs. Effective 11/18/2024 the Business office manager	

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F 602	Continued From page 7 stated that she had told the former Administrator that the signature on the receipt was forged. The RR also reported being unaware of withdrawals from the resident's account that depleted funds she had been told were earmarked for funeral expenses. She stated her mother did not possess the cognitive ability to manage cash responsibly. The RR also added that she, nor any family member had received any cash from the resident and that the resident's family bought all of Resident #3's clothes and did not receive gifts from the resident. A record review of the Resident Fund Management System (RFMS) Resident Statement and Resident Trust Fund Disbursement (RTFD) Slips and Withdrawal Receipts for Resident #3 revealed the following discrepancies: a debit dated 01/9/2024 described as "Resident Advance Cash" for $500.00 with no correlating slips or receipts, a debit dated 02/26/2023 described as "Gift Shop" for $500.00 with no correlating slips or receipts, a debit dated 02/27/2024 described as "Resident Advance Cash" for $150.00 with no correlating slips or receipts, a RTFD Slip dated 10/09/2023 described as "cash for clothing for winter per RP (Responsible Party) and daughter" for $175.00 signed by Registered Nurse (RN) #1 as witness (later denied by RN #1), and a Withdrawal Receipt dated 04/23/2024 described as "Clothing" for $650.00 signed by the Transportation Aide and Resident #3's RR (later denied by the Transportation Aide and RR). On 11/14/2024 at 2:07 PM, during a telephone interview, the former Administrator stated that a Medicaid audit revealed over $3,000 earmarked for funeral expenses was missing from Resident	F 602	will send out monthly statements to all residents and responsible parties showing current balance and transactions with proof of purchase and signature sheet for 4 months ending 4/01/2025. Effective 11/18/2024 the Business office manager will be present in all quarterly care plan meetings with residents who hold a resident trust fund and will hand deliver a quarterly statement to the resident and/or responsible party. Any adverse findings will be addressed immediately to the Business office manager, the Administrator, the resident and/or the Responsible Party. All adverse findings will be discussed monthly in the Quality Assurance Performance Improvement meeting beginning 12/9/2024 and then continue indefinitely.	

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#3's trust fund. The RR informed him that some receipts had her name on them, but she had not signed them.

On 11/18/2024 at 12:05 PM, during an interview, RN #1 denied signing the RTFD Slip dated 10/09/2023 for $175.00, noting her name was misspelled on the slip.

On 11/18/2024 at 4:42 PM, during a telephone interview, the former BOM admitted she had limited training regarding management of resident trust fund accounts. She stated her normal procedure involved having residents sign slips or receipts for fund withdrawals and providing cash in the presence of a witness. However, she also admitted to disbursing cash to Resident #3 without witnesses, despite knowing the resident was cognitively impaired. She acknowledged using the resident's funds to purchase items online via her personal "Online Vendor" account and confirmed there were no receipts in the RFMS folder to substantiate purchases.

On 11/20/2024 at 5:15 PM, during a telephone interview, the RR for Resident #3 stated there had been no discussion in October 2023, or any other time about using the resident's funds to purchase a wheelchair.

A record review of Resident #3's "Admission Record" revealed the facility admitted the resident on 07/20/2022. The resident had diagnoses that included Diabetes, Dementia, and Disorientation.

A record review of Resident #3's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/29/2024 revealed a Brief Interview for Mental Status (BIMS) score of

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F 602	Continued From page 9 three (3), which indicated severe cognitive impairment. A record review of Resident #3's Quarterly MDS with an ARD of 05/31/2024 revealed a BIMS score of four (4), which indicated severe cognitive impairment. A record review of Resident #3's Quarterly MDS with an ARD of 03/02/2024 revealed a BIMS score of five (5), which indicated severe cognitive impairment.	F 602		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her	F 609		12/20/24

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F 609	Continued From page 10 designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record reviews, and facility policy review, the facility failed to report allegations of misappropriation of resident property within 24 hours of notification of the allegation to the State Agency (SA) and local authorities for one (1) of four (4) residents reviewed with trust accounts. Resident #3 Findings included: A review of the facility's policy titled "Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating," reviewed 10/2022, revealed, "All reports of resident abuse... or theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported... If resident abuse, neglect, exploitation, misappropriation of resident property... is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law... The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. the state licensing/certification agency... e. Law enforcement officials...3b.within 24 hours of an allegation that does not involve abuse or result in serious bodily injury ..."	F 609	The Resident Representative for resident #3 stated that in September 2024, she informed the Administrator there was missing money in the residents account. The facility reported the incident to the SA on 12/9/2024 at 3:54pm by Administrator. All residents who reside in the facility have the potential to be affected by the deficient practice. The Administrator and the Business Office Manager were in-serviced on 11/18/2024 by the Regional Director of Operations on Abuse, Neglect, Exploitation or Misappropriation Reporting and Investigating. All nursing staff were in serviced on abuse, neglect, exploitation or misappropriation reporting and investigating with proper procedures and practice and who to report to on 11/19/2024 by the Administrator and the Director of Nursing. The Quality Assurance Performance Improvement Team (QAPI) met on 11/18/2024 and discussed policy and procedures related to resident trust funds with no revisions needed. Effective 11/19/2024 the Administrator or Business Office Manager will be notified immediately of any incidents or allegations of misappropriation of resident□s funds. Any reportable events will be reported to the correct authorities directed by the	

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F 609	Continued From page 11 On 11/14/2024 at 9:55 AM, during an interview and observation of Resident #3, the resident was observed in a black and green manual wheelchair labeled with her name. The resident was unable to meaningfully participate in the interview and responded to questions by stating, "I'm going home" or "I want to go home." During a telephone interview on 11/14/2024 at 1:46 PM, the Resident Representative (RR) for Resident #3 stated that in September 2024, she informed the former Administrator her signature had been forged on a Withdrawal Receipt dated 04/22/2024 for $650.00, alleging fraud in the management of the resident's trust fund account. The RR stated that the former Administrator had told her that he would look into the situation, but as of the time of the survey, no funds had been reimbursed. The RR stated she had never authorized or discussed the purchase of medical equipment or clothing using the resident's funds. On 11/14/2024 at 2:07 PM, during a telephone interview, the former Administrator stated that the RR informed him of a receipt with her name, which she said she had not signed. He confirmed that no allegation of misappropriation had been reported to the State Agency (SA) or other agencies. On 11/15/2024 at 2:38 PM, during an interview, the current Business Office Manager (BOM), who started on 08/12/2024, stated that during an annual audit of resident trust fund accounts, a Medicaid Case Manager raised an inquiry about funds earmarked for burial expenses in Resident #3's account that could not be accounted for. She stated, "They don't do that in this facility."	F 609	federal regulations, reporting of alleged violations. Effective 11/19/2024 all reportable events will be reviewed indefinetely in the daily stand up meetings by the Business Office Manager or the Administrator; discussed with the Interdisciplinary team and reviewed in the weekly Persons at Risk meeting to ensure proper procedures are followed. Any adverse findings will be addressed immediately and discussed in the QAPI committee meeting begining 12/9/2024 for review and recommendation this will be ongoing and indefinitely.	

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	255271	A. BUILDING _____ B. WING _____	C 11/18/2024

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F 609	Continued From page 12	F 609		

On 11/18/2024 at 10:50 AM, during an interview, the Regional Director of Operations (RDO) stated that on 08/29/2024, she reviewed trust fund information but did not report allegations of misappropriation to the SA or other agencies.

On 11/18/2024 at 12:05 PM, during an interview, Registered Nurse (RN) #1 denied signing the Resident Trust Fund Disbursement Slip dated 10/09/2023 for $175.00. She noted that her name was misspelled on the slip.

On 11/18/2024 at 4:42 PM, during a telephone interview, the facility's former BOM admitted to limited training regarding managing resident trust fund accounts. She stated she was unaware of any funds earmarked for funeral expenses. She acknowledged providing cash withdrawals to residents without witnesses based on her judgment of the resident's cognition.

On 11/18/2024 at 5:30 PM, during an interview, the RDO stated she reviewed Resident #3's account on 08/29/2024 due to questions from the RR. She confirmed she did not verify witness signatures on receipts or check for vendor receipts for items purchased using resident trust funds. She described the former BOM's practices as "bad bookkeeping."

On 11/22/2024 at 1:28 PM, during a post survey telephone interview, Licensed Practical Nurse (LPN) #1 stated she had never witnessed the former BOM give $1,000.00 cash to Resident #3. She noted the BOM sometimes asked her to sign withdrawal receipts after explaining the purpose but could not recall whether she signed any on 08/06/2024.

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F 609	Continued From page 13 A record review of Resident #3's "Admission Record" revealed the facility admitted Resident #3 on 07/20/2022. The resident's diagnoses included Diabetes, Dementia, and Disorientation. A record review of Resident #3's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/29/2024, revealed a Brief Interview for Mental Status (BIMS) score of three (3), which indicated severe cognitive impairment.	F 609		
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and policy review, the facility failed to thoroughly investigate an allegation of misappropriation of resident property for one (1) of four (4) residents reviewed	F 610	The previous Administrator contacted the Regional Director of Operations in September of 2024 who initiated an internal investigation by completing a	12/20/24

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F 610	Continued From page 14 with trust fund accounts. Resident #3. Findings included: A review of the facility's policy titled "Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigating," reviewed 10/2022, revealed, "All reports of resident abuse ... or theft/misappropriation of resident property are reported to local, state, and federal agencies (as required by current regulations) and thoroughly investigated by facility management. Findings of all investigations are documented and reported ... Investigation Allegations ... 1. All allegations are thoroughly investigated. The administrator initiates investigations. 2. Investigations may be assigned to an individual trained in reviewing, investigation, and reporting such allegations ... 11. Upon conclusion of the investigation, the investigator records the findings of the investigation on approved documentation forms and provides the completed documentation to the administrator ... Follow-Up Report ... 1. Within five (5) business days of the incident, the administrator will provide a follow-up investigation report ..." During a telephone interview on 11/14/2024 at 1:46 PM, the Resident Representative (RR) for Resident #3 stated that in September 2024, the facility's Business Office Manager (BOM) contacted her regarding money missing from the resident's trust fund account and requested a meeting to review the account. The RR stated that during a meeting with the former Administrator, she observed Withdrawal Receipts with her name on them, which she said she had not signed or authorized. She informed the Administrator that her signature had been forged	F 610	100% audit on all receipts and withdrawals on the resident #3 account on 9/23/2024. The Reginal Director of Operations verified in their investigation that each receipt matches a withdrawal in the resident account records with no adverse findings. All residents who reside in the facility have the potential to be affected by the deficient practice. The Administrator and the Business Office Manager were directly in-serviced by the Regional Director of Operations on 11/18/2024 on proper reporting guidelines and investigations. All nursing staff were in-serviced on theft and misappropriation of funds policy and procedures, proper reporting guidelines and investigations on 11/19/2024 by the Regional Director of Operations. The Quality Assurance Performance Improvement Team (QAPI) met on 11/18/2024 and discussed policy and procedures related to proper reporting and investigation with no revisions needed. Effective 11/19/2024 the Administrator or the Business Office Manager will be notified immediately of any allegations of theft or misappropriations of resident□s property, and it will be reported to the correct authorities directed by the federal regulation, investigation/prevent/correct alleged violation. Effective 11/20/2024 the Business Office Manager will audit 3 resident trust fund accounts a week until all residents who hold a trust fund account have been 100% audited to show accuracy of accounts to be completed by	

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F 610	Continued From page 15 and alleged fraud in managing the resident's trust fund account. The Administrator indicated he would "look into" the situation and address it. On 11/14/2024 at 2:07 PM, during a telephone interview, the former Administrator confirmed the RR informed him of receipts with her name, which she said she had not signed. He stated he had notified the Regional Director of Operations (RDO), who audited the resident trust account for misappropriation but was unaware of further investigation. On 11/15/2024 at 2:38 PM, during an interview, the current BOM stated she was aware of concerns regarding Resident #3's trust fund account and was told an audit had been conducted. On 11/15/2024 at 4:40 PM, during an interview, the Transportation Aide reviewed the Withdrawal Receipts for Resident #3 and stated she had not signed the slips dated 03/29/2024 for $500.00 or 04/22/2024 for $650.00. She confirmed no one had previously asked her about her signature before the State Agency survey. On 11/18/2024 at 10:50 AM, during an interview, the RDO stated that on 08/29/2024, she pulled trust fund information to verify accuracy, ensuring resident Trust Fund Disbursement Slips/Withdrawal Slips were in place with witness signatures. She explained that cash withdrawals require witnesses and signatures on receipts/slips, and receipts for items purchased must be attached to the slips. However, she admitted not noticing unwitnessed slips, authenticating witness signatures, or checking for receipts or resident possession of purchased	F 610	4/1/2025. Effective 11/20/2024 and ongoing indefinitely, all allegations of theft and misappropriation will be reviewed in the daily stand-up meetings by the Administrator or Business Office Manager and discussed with the Interdisciplinary team and reviewed in the weekly Persons at Risk meeting to ensure proper procedures are followed. The completed monthly audits will be brought to the monthly QAPI committee beginging 12/9/2024 for review and recommendation and any adverse findings will be addressed immediately; these efforts will be ongoing and continue until all residents who own a trust fund are 100% audit and ending 4/1/2025.	

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items during her audit.

On 11/18/2024 at 12:05 PM, during an interview, Registered Nurse (RN) #1 denied signing the Resident Trust Fund Disbursement Slip dated 10/09/2023 for $175.00. She noted her name was misspelled on the slip and stated she was not asked about the signature before the survey.

On 11/18/2024 at 6:15 PM, during a follow-up interview, the RDO once again confirmed the extent of her audit included matching withdrawals from resident trust fund account statements with receipts/slips but did not involve verifying witness signatures or ensuring items purchased with resident funds were in their possession. The RDO was unable to provide documentation of her audit. She stated that she had not done an investigation, as after auditing the trust account of ten (10) residents, she did not feel the need to do a thorough investigation.

On 11/19/2024 at 5:18 PM, during a post survey telephone interview, the RR stated the RDO did not contact her to verify her signature on the receipts/slips for withdrawals from the resident's account.

A record review of Resident #3's "Admission Record" revealed the facility admitted Resident #3 on 07/20/2022. The resident's diagnoses included Diabetes, Dementia, and Disorientation.

A record review of Resident #3's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/29/2024, revealed a Brief Interview for Mental Status (BIMS) score of three (3), which indicated severe cognitive impairment.

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