

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 175208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2020
NAME OF PROVIDER OF SUPPLIER PITTSBURG OPERATOR LLC		STREET ADDRESS, CITY, STATE, ZIP 1005 E CENTENNIAL DRIVE PITTSBURG, KS 66762	
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 0567 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to manage his or her financial affairs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility reported a census of 67 and reported 12 residents with money in individual envelopes in the facility safe. Based on interview and record review, the facility failed to obtain authorizations designating the facility to hold and manage the personal funds, for four Residents (R) 1, R2, R3, and R4, of the 12 residents with money kept in the facility safe. Findings Include: - On [DATE] at 08:51 AM, Administrative Staff A reported the facility safe held individual envelopes of money, with the names of 12 different residents for resident funds. Administrative Staff A further explained the following incidents: 1. On [DATE], an unidentified family member brought \$1,200.00 in cash for R2 to Administrative Staff B. Administrative Staff B wrote a receipt for the \$1,200.00 cash for the family member. However, the facility did not obtain an authorization to handle R2's personal funds. 2. On [DATE], an unidentified family member brought \$1,200.00 in cash for R1 to Administrative Staff B. Administrative Staff B wrote a receipt for the \$1,200.00 cash for the family member. However, the facility did not obtain an authorization to handle R1's personal funds. 3. On [DATE] at 10:17 AM, observation in the facility safe revealed \$4.50 in cash, in R3's black wallet, with resident's name on the wallet. R3's wallet was in the facility safe, which labeled Trust Fund. However, the facility failed to obtain an authorization to handle R3's personal funds. 4. The facility safe also held a white envelope with the name of R4, which contained \$15.79 in cash. Administrative Staff A identified R4 as a previous deceased resident. However, the facility did not obtain an authorization to handle R4's personal funds. On [DATE] at 4:42 PM, Administrative Staff A, verified these four residents had cash kept in the facility safe and that the facility did not have authorization to handle each of these four residents' personal funds. On [DATE] at 4:09 PM, Administrative Staff B verified the facility did not have authorizations to handle personal funds for R1, R2, 3 and R4. The facilities policy, dated [DATE], regarding the handling of residents' personal funds accounts, revealed the facility would record a copy of the resident's authorization designating the facility as the agency to manage the resident's funds. The facility failed to obtain authorizations to handle personal funds for these four residents, when the residents had money placed in the facility safe.		
F 0569 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility reported a census of 67 and identified 12 residents with money in the facility safe. Based on interview and record review the facility failed to convey funds upon death, and failed to transfer the funds to two of the 12, Residents (R) 3 and R4, to the resident's representative within thirty (30) days of the discharge or death of the resident. Findings Included: - On [DATE] at 11:45 AM, Administrative Staff A, reported R3 expired on [DATE]. However, during the investigation on [DATE], R3's black wallet with \$4.50 in cash remained the facility safe. On [DATE] at 11:45 AM, Administrative Staff A, reported R4 discharge to a hospital on [DATE] and expired. However, during the investigation on [DATE], a white envelope which contained \$15.79 in cash, remained in the facility safe. On [DATE] 10:17 AM, Administrative Staff A, stated that R3 and R4 expired. She stated that she did not take care of the residents' finances. She did not know why the two residents would continue to have cash in the safe after their deaths. On [DATE] at 03:33 PM, Social Service Staff X, stated that R4 passed away a long time ago. She did attempt to see that resident's family picked up personal items when a resident passed away or discharged. However, she did not take care of the resident's finances. On [DATE] at 4:09 AM, Administrative Staff B, stated that he did not complete an inventory of the safe when he took the current position from the previous business office manager. He was not aware there was cash in the safe for R3 or R4. He reported he did contact the family members regarding any finances if a resident would be discharged or expire. The facility failed to convey funds upon death of these two residents with the failure to transfer the residents' personal funds to the resident's representative within thirty (30) days of the deaths of the two residents.		
F 0602 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. The facility reported a census of 67 residents and reported 12 residents with money in individual envelopes in the facility safe. Based on observation, interview, and record review, the facility failed to protect two of the 12 residents, Residents (R) 1 and R2, from misappropriation of the residents' money. R2 was missing \$1,071.38 and R1 was missing \$1,200.00 from the facility safe. Findings included: - Review of the quarterly Minimum Data Set (MDS) in Point Click Care (PCC), an electronic documentation system, dated 04/04/20, revealed Resident (R) 1 had a Brief Interview for Mental Status (BIMS) score of six, indicating severely impaired cognition. Review of the quarterly MDS, in PCC, an electronic documentation system, dated 06/10/20, revealed R2 had a BIMS score of six, indicating severely impaired cognition. On 07/14/20 at 08:51 AM, Administrative Staff A stated, on 06/15/20, the family of R2 brought \$1,200.00 in cash to the facility for the resident. The family asked the facility to get the resident a TV with part of the money and to set up a funds account for the resident with the remainder of the money. The cash was put in an envelope with the resident's name and put into the facility safe. However, on 07/03/20, Administrative Staff B noted the resident's envelope with the money was missing from the facility safe. Staff B notified Staff A of the missing money, however, Staff A does not recall the time of the notification. Administrative Staff A explained the facility only had two staff that had knowledge of the code to the facility safe, herself and the current business office manager Administrative Staff B. The facility suspended Administrative Staff B on 07/09/20, after the money was missing from the safe. On 07/14/20 at 08:51 AM, Administrative Staff A further explained that on 06/22/20, the family of R1 brought \$1,200.00 cash to the facility for the resident to obtain new dentures. The cash was given to Staff B who put the money into an envelope with the resident's name and put into the safe at that time. However, on 07/03/20, Staff B noted the resident's envelope of money was missing from the facility safe. On 07/14/20 at 04:07 PM, Administrative Staff B verified on 06/22/20 that the family of R1 brought \$1,200.00 cash to the facility for the resident to purchase new dentures. The cash was put into an envelope with the resident's name and put into the safe at that time. On 07/14/20 at 08:51 AM, Administrative Staff A gave the following timeline of events: 06/30/20-Administrative Staff B visually verified the envelopes were still in the safe at approximately 05:00 PM. 07/03/20-Administrative Staff B noticed the two envelopes with the residents' money were missing from the safe at approximately 11:30 AM. Administrative Staff B notified Administrative Staff A and a search of the business office, safe, and resident receipt files was done by Administrative Staff A and B. The missing money was not found. 07/06/20--Both Administrative Staff A and Staff B were off work on this date, due to having worked on 07/03/20. 07/07/20--Staff A and B searched the business office and safe for the missing money. Administrative Staff A contacted the local bank. The bank reported the money had not been deposited into the resident funds' account. Staff A was unable to recall what time she contacted the bank. 07/08/20--Staff A and B searched the business office, safe, resident files and cash deposit files. The		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.

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F 0602 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1) missing money was not found. 07/08/20--The staff changed the locks to the business office and the business office closet, where the safe was held. 07/09/20--The facility staff notified the local police department and the state hotline of the two residents' missing money. On 07/14/20 at 11:59 AM, Maintenance staff U stated, he had been the business office manager until March of 2020. He gave the keys to the new business office manager to the office closet where the safe was kept to Administrative Staff B, who was taking over the position. The facility code to the safe remained the same as when he worked as the business office manager. On 07/14/20 at 12:47 PM, Administrative Staff C explained his current office was beside the business office and he had not seen anybody in the business manager's office alone. Administrative Staff C explained the facility safe code remained the same as when he was in the position as business office manager, in February 2018. On 07/14/20 at 03:40 PM, Administrative Staff A stated, obviously somebody took the money, but she did not know who. On 07/16/20 at 08:34 AM, Administrative Staff A stated, the facility would be depositing the missing resident money into the local bank for the resident funds' account. The facility policy for Abuse Prevention Program last revised, 11/2017, included residents have the right to be free from misappropriation of resident property and exploitation. The facility failed to protect R1 and R2 from exploitation of their personal funds, in the total amount of \$2,271.38. This deficient practice was cited as past non-compliance, as of 07/03/2020 as of 02:00 PM, when the facility completed the following: 1.) The administrator completed an audit on 07/03/2020 at 01:00 PM, and verified no other residents were missing any money from the safe. 2.) The facility safe which held residents' money was made secure behind a locked door on 07/03/2020 at 02:00 PM, with the changed door locks, with the administrator holding the only key to the new lock. Furthermore, the facility completed the following: 1.) The facility purchased cameras on 07/07/2020, and installed them on 07/15/2020 at 05:35 PM, to monitor the door to the room with the facility safe. 2.) The facility purchased and implemented a new safe, on 07/15/2020 at 08:55 PM, which the staff were able to change the safe's code with changes to the business office staff. 3.) Held a QAPI (Quality Assurance and Performance Improvement) meeting with the medical director on 07/15/2020 at 05:00 PM, and determined the administrator to receive re-education regarding management of resident funds and daily auditing Monday through Fridays to establish resident funds and facility safer were secure. The administrator would conduct daily audit Monday through Fridays for 90 days; bi-weekly audits for 30 days; or until a lesser frequency was deemed appropriate to verify no resident money was stored in the facility safe and the safe was secure. The Business Office Manager would be responsible for the safe and resident funds disbursements. 4.) The facility policy was changed to include, upon change of business office staff, the safe code would be changed. 5.) The facility replaced the missing money to both of the residents on 07/16/2020 at 09:30 AM.</p> <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>The facility reported a census of 67 residents. Based on interview and record review, the facility failed to timely report suspicion of a crime, exploitation, for two Residents (R) 1 and R 2, regarding missing money, from individual envelopes in the facility safe. Findings included: - On 07/14/2020 at 08:51 AM, Administrative Staff A explained the facility had kept money in envelopes in the safe for two residents, which staff noted missing. Administrative Staff A explained that on 07/03/2020, Administrative Staff B notified Administrative Staff A that two envelopes containing resident money, were missing from the safe in the business office. One envelope contained \$1,200.00 dollars for Resident (R) 1 and the other envelope contained approximately \$1,071.38 for R2. On 07/09/2020 at 10:02 AM, six days later, Administrative Staff A reported the missing money to the local police department as well as the state hotline. On 07/14/2020 at 03:40 PM, Administrative Staff A stated she had not reported the incident to the state agency until 07/09/2020, and she should have reported the incident on 07/03/2020 when Administrative Staff B informed her of the residents' missing money from the facility safe. The facility policy for Reporting of Abuse Allegations, last revised 11/2017, included: All suspected violations of exploitation and misappropriation will be immediately reported to appropriate state agencies and other entities or individuals as required by law. The facility failed to timely report this exploitation incident, with two residents missing a total of \$2,271.38, from the facility safe, as required. The facility failed to report the incident for a total of 6 days after knowledge of the residents' missing money.</p>		
F 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few			