STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175281	A. BUILDING _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF KANSAS CITY	3231 N 61ST STREET KANSAS CITY, KS 66104

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of complaint investigation #KS00170776. The 2567 was sent on 05.24.22	F 000		
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, 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: The facility identified a census of 53 residents. The sample included three residents reviewed for misappropriation. Based on record review, interview and observation the facility failed to ensure Resident (R)1 remained free from misappropriation when the facility failed to ensure R1's debit card, stored in a locked safe accessible only to staff, was not used without the resident's permission and knowledge. This placed R1 at risk for impaired psychosocial well-being due to misappropriation. Findings included: - R1's Electronic Medical Record (EMR), under the "Diagnoses" tab recorded diagnoses of chronic obstructive pulmonary disease (COPD-progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), nicotine dependence, and iron deficiency anemia	F 602		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 05/24/2022

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 602	Continued From page 1	F 602		

(condition in which the blood doesn't have enough healthy red blood cells).

R1's "Significant Change Minimum Data Set" (MDS) dated 10/15/21 documented a Brief Interview of Mental Status (BIMS) score of 15 which indicated intact cognition.

R1's "Cognitive Loss Care Area Assessment" (CAA) dated 10/15/21 documented staff assisted R1 with decision making as R1 declined all cares.

The "Care Plan" for R1's emotional, intellectual, physical and social needs, dated 04/21/21, directed staff to converse with R1 while providing cares. The "Care Plan" lacked specific directives related to R1's finances or debit card.

The "Monthly Account Statement," noted cash advances that were not authorized by R1 on the following days with the amounts from that date:

09/23/21	$117.31
10/07/21	$32.61
11/24/21	$956.79
12/03/21	$83.00
12/28/21	$500.00
01/10/22	$500.00
01/18/22	$503.00
01/18/22	$0.85
01/19/22	$703.00
01/19/22	$0.85
01/20/22	$1003.00
01/20/22	$0.85

On 05/12/22 at 12:35 PM Administrative Staff A stated the former business office manager, Administrative Staff D, had access to the safe. Administrative Staff A said Administrative Staff D

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F 602	Continued From page 2	F 602		

provided R1's debit card to former staff, Activity Z, when Activity Z shopped for the residents.

On 05/12/22 at 01:25 PM R1 stated she did not use her debit card personally because she could not leave the facility due to the pandemic. R1 revealed she never received her pin number for her debit card. R1 expressed anger about the theft and stated she thought she had money in her account. R1 stated the facility said they would write her a check, but R1 could not state when that would happen. R1 stated the facility wanted her to open a trust account, but she wanted to have the debit card and felt better with the debit card versus a trust account. R1 stated she trusted the facility with her new debit card.

On 05/12/22 at 01:26 PM Administrative Staff B stated R1 paid her facility bill using her debit card. Administrative Staff B stated when R1 had a payment due, R1 told Administrative Staff B to use R1's debit card. Administrative Staff B stated R1's debit card was declined with the first attempt, and then again in March. Administrative Staff B discussed the situation with R1 which led to the discovery of the missing money from R1's account. Administrative Staff B stated she learned that R1's account was flagged, and the card declined due to an excessive number of attempts to access the account with incorrect PIN numbers.

On 05/12/22 at 02:07 PM Administrative Staff C stated she could not recall the if Activity Z asked for R1's debit card. Administrative Staff C revealed that Administrative Staff D used R1's debit card to buy R1 the items R1 requested. Administrative Staff C further revealed that there was no system in place to audit or monitor

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F 602	Continued From page 3 resident items held in the safe. On 05/12/22 at 02:26 PM Consultant GG stated the facility had tried to convince R1 to open a trust account but R1 refused. Consultant GG further stated the facility planned to reimburse R1 but had not done so yet. The facility's undated policy "Area of Focus: Abuse and Neglect" directed that residents had the right to be free from misappropriation of resident's property. The facility failed to ensure R1 remained free from misappropriation when the facility failed to ensure R1's debit card, entrusted to the facility safe and accessed only by facility staff, was used to make purchases and cash advances not known or authorized by the resident. This deficient practice placed the resident at risk for continued misappropriation and impaired psychosocial well-being.	F 602		