STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175298	A. BUILDING _____ B. WING _____	C 12/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERBEND POST ACUTE REHABILITATION	**7850 FREEMAN AVENUE KANSAS CITY, KS 66112**

(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 #KS00167673, KS00166668, KS00166496, and KS00166324. The 2567 was sent electronically on 12/16/21.	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 88 residents. The sample included three residents. Based on observations, record reviews, and interviews, the facility failed to ensure Resident (R) 3 remained free from misappropriation of funds when Licensed Nurse (LN) G received checks and monetary withdrawals in her name from R3. This deficient practice had placed R3 at increased risk for financial instability, loss of dignity, and risk for further misappropriation. Findings included: - The "Diagnoses" tab of R3's "Electronic Medical Record" (EMR) documented diagnoses of generalized muscle weakness, unsteadiness on feet, and need for assistance with personal care. The "Admission Minimum Data Set (MDS)" dated	F 602		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 12/16/2021

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		

02/07/21, documented R3 had a Brief Interview for Mental Status (BIMS) score of nine which indicated moderate cognitive impairment.

The "Quarterly MDS" dated 11/23/21, documented R3 had a BIMS score of 99 which indicated R3 was unable to complete the interview.

The "Cognitive Loss/Dementia (progressive mental disorder characterized by failing memory, confusion) Care Area Assessment (CAA)" dated 02/07/21, documented R3 canceled his doctor appointments and was hard of hearing but refused to use hearing aids.

The "Care Plan" dated 02/03/21 documented R3 had actual impaired cognition and directed that staff identified themselves at each interaction, faced when speaking and made eye contact with R3, reduced distractions, and used simple, directive sentences.

The "Facility Investigation" dated 09/21/21 documented R3's family had a meeting with the facility's business office manager where the family presented evidence R3 wrote a check to a facility employee, LN G, in the amount of $5,000. The family was unaware of the reasons why it occurred or what bills the money would have been used for as he was a long-term care resident at the facility. Bank statements for the last three months were collected by the facilty business office to prepare Medicaid documentation. To help protect R3, LN G was put on a suspension. LN G was contacted via phone and the situation was explained as to why she was suspended. She was informed to come in and provide a witness statement detailing all of

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F 602	Continued From page 2	F 602		

the transactions. LN G failed to provide a witness statement after multiple attempts of reaching out to her. R3 stated he wrote checks to LN G so she could pay his bills for him and that none of the money was for personal gain for LN G. Review of the bank records provided for the Medicaid application showed six different transactions occurring with LN G's name on the records. The total amount equaled $7800. LN G was terminated due to the violations.

Review of R3's checking account activity statement revealed the following withdrawals in LN G's name: 06/07/21 for $1,000; 06/07/21 for $400; 07/06/21 for $200; and 07/06/21 for $200.

Review of R3's bank statement for 06/15/21 to 07/14/21 revealed a check on 07/02/21 for $5,000 written out to LN G.

Review of R3's bank statement for period 08/16/21 to 09/14/21 revealed a check on 09/01/21 for $1000 written out to LN G.

Review of a "Certificate of Completion" dated 01/22/21, revealed LN G received "Abuse and Neglect" training.

On 12/13/21 at 01:13 PM, R3 laid in bed and watched television. No signs of distress or discomfort.

On 12/13/21 at 01:41 PM, Social Services X stated R3 told her in an interview about the incident that LN G was paying his bills for him and she had the funds available to use whenever and he gave her permission to use the money.

On 12/13/21 at 02:04 PM, Certified Nurse Aide

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(CNA) M stated different types of abuse included physical, financial, and mental. She stated if she witnessed any abuse, she would report it to the Director of Nursing (DON).

On 12/13/21 at 02:36 PM, LN H stated different types of abuse included physical, emotional, sexual, seclusion, verbal, and financial. She stated if she witnessed any abuse, she would report directly to the DON or Administrator. She had not heard about the situation with R3.

On 12/13/21 at 02:42 PM, Administrative Nurse D stated the different types of abuse included financial, verbal, sexual, physical, and misappropriation of funds. Administrative Staff A was the abuse coordinator of the facility. She stated R3's family had come into the facility for a meeting to try to get R3 on Medicaid and had informed the facility LN G had checks written to her by R3.

On 12/13/21 at 03:14 PM, Administrative Staff A stated different types of abuse included physical, mental, verbal, isolation, misappropriation, and neglect. She stated if staff or residents witnessed abuse, they filled out a grievance or if it was actual abuse, they reported it immediately to their supervisor. She stated she was the abuse coordinator of the facility. Administrative Staff A stated the business office was helping R3 with Medicaid application and had pulled bank statements which showed LN G's name in the bank statements. LN G was fired and reported to the Board of Nursing. She stated that at the time, R3 was cognitively intact and he had stated she was his friend and he willingly gave her the money.

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F 602	Continued From page 4 The facility's "Abuse: Prevention of and Prohibition Against" policy, last revised January 2021, directed each resident had the right to be free from abuse, neglect, misappropriation of resident property, and exploitation. The "Policy" directed the facility took action to protect and prevent abuse and neglect from occurring within the facility by supervising staff to identify and correct any inappropriate or unprofessional behaviors. The facility failed to ensure R3 was safe from misappropriation of funds. This deficient practice had the risk for financial instability, loss of dignity, and risk for further misappropriation for R3.	F 602		