

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>675851</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GEORGIA MANOR NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2611 W 46TH AVE AMARILLO, TX 79110</b>	
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 0602  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Protect each resident from the wrongful use of the resident's belongings or money.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to ensure the right to be free from misappropriation of property was provided for 1 of 6 residents reviewed for misappropriation of property. (Resident #1) The facility did not prevent an unauthorized withdrawal from Resident #1's bank account. This failure could place residents at risk of continued misappropriation of property. Findings include: Record review of Resident #1's clinical record revealed she is a [AGE] year-old female resident admitted to the facility on [DATE] and readmitted [DATE] with [DIAGNOSES REDACTED]. Resident #1's last MDS was an admission completed 5-26-2020 with a BIMS of 15 indicating she is cognitively intact, and she has a functionality of requiring set-up to one-person physical help with activity. During an interview on 8-19-2020 at 1:43 PM, Resident #1 reported that the activity director would often get her tea and one day the activity director reported that Resident #1's account was out of money. Resident #1 stated, I know my account should not have been out of money, so I called the bank, and they sent me a statement. That is when I noticed the withdrawal for \$80 that I could not have made. When asked if she had given permission for the activity director to withdraw the money Resident #1 stated, No sir, I did not give her permission. During an interview on 8-19-2020 at 11:59 AM, the administrator stated, Resident #1 noticed that she had some money missing from her bank account. The amount was \$80. Resident #1 reported that when she called the bank, they reported that someone was photographed making the withdrawal from the bank's ATM. The administrator stated that with Resident #1's permission she was allowed to go to the bank and see the photos. The administrator identified the Activity Director as the person photographed using the ATM machine at the time of the withdrawal. The administrator stated that she interviewed the activity director and she denied ever making a withdrawal for Resident #1 at any ATM. Record review of Resident #1's bank account revealed that a ATM withdrawal was made on 6-13-2020 for the amount of \$80.00. Record review of the police report revealed: Resident #1 reported to ADM that she thought her daughter had gotten her debit card and used it to take money without her permission so Resident #1 filed a fraud report with her bank. The bank investigated and determined that the money was withdrawn from an ATM at a local grocery store. Surveillance footage captured the image of a woman making the withdrawal. ADM was given permission by Resident #1 and the bank to view the footage. ADM identified the woman making the withdrawal as the facility's activity director. The woman's identity was also verified by the bank's branch manager because he knew the woman personally. ADM interviewed the activity director who initially denied knowing the resident's PIN number. Activity director later admitted knowing the PIN number but denied making an ATM withdrawal at any time for any resident. Record review of facility provided policy titled Abuse/Neglect revised 3/29/2018, revealed the following: The residents have the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. 9. Misappropriation of resident property: means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the residents' consent.</p>		
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.