

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676411	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER CLARENDON NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP TEN MEDICAL CENTER DR CLARENDON, TX 79226	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure the right to be free from misappropriation of property was provided for 1 of 5 residents reviewed for misappropriation of property. (Resident #1) The facility did not prevent unauthorized charges to Resident #1's bank card. Resident #1's bank card was charged multiple times after he gave the card to Activity Director A to make cash withdrawals for him. This failure could place residents at risk of continued misappropriation of property. Findings include: Record review of Resident #1's clinical record revealed he is a [AGE] year-old male resident admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #1's last MDS was an admission completed on 6-14-2020 with a BIMS of 13 indicating he is cognitively intact, and he has a functionality of requiring set-up help with activities. During an interview on 7-9-2020 at 10:25 AM with Resident #1 he reported that he gave his bank card on several occasion to Activity Director A to withdraw cash for him to use in the facility. The first time Activity Director A returned with the cash and his requested items but no receipt. The second time when Activity Director A attempted to give him his cash she discovered that her wallet was missing from her purse and Activity Director A later reported to him that her wallet had been stolen. Resident #1 stated that he had been working with the facility's business office to have the bank card cancelled when they received a documented history of the bank cards use and noticed that Activity Director A had made several withdrawals without his knowledge. During an interview on 7-9-2020 at 2:51 PM with the Administrator she reported that Activity Director A reported that her wallet was missing. That Activity Director A reported later that Resident #1's bank card and money were in her purse at the time it was stolen. The Administrator reported that when the facility received Resident #1's bank statement they discovered some odd withdrawals were made. Resident #1 verified that the Activity Director A made several extra withdrawals on separate days when Activity Director A was not authorized to have the bank card and that Activity Director A also withdrew more than she was supposed to. When asked the administrator stated, The activity director was terminated for breaking facility policy and misappropriation of resident property. When asked what the facility policy was for staff handling resident money the administrator stated, If the resident gives the staff member their bank card and permission, then we allow them to make withdrawals for the residents because the resident cannot leave the facility. Record review of facility provided policy titled Investigating Incident of Theft and/or Misappropriation of Resident Property revised April 2017, revealed the following: Policy Interpretation and Implementation- 1. Resident have the right to be free from theft and/or misappropriation of personal property. 2. Misappropriation of resident property is defined as deliberated misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident 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.