

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265354	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/02/2025
NAME OF PROVIDER OR SUPPLIER Maryville Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 524 North Laura Maryville, MO 64468	

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Based on observation, interview, record review, the facility failed to ensure a safe environment for one (Resident #1) of five sampled residents, and failed to follow their hot liquids policy, when a staff member brought in a personal coffee pot at the nursing station area and the nursing staff provided a hot coffee to the resident without checking the temperature before serving and leaving the resident unsupervised. The resident spilled the coffee and sustained burns to his/her chest and abdomen. The facility census was 44. On 9/2/25, the Administrator was notified of the past noncompliance incident which occurred on 08/25/25. On 09/2/25, the facility administration was notified of the incident, an investigation immediately began and corrective actions were implemented to include:- All facility staff educated on the hot beverage policy;- Dietary staff to send air pots (a system that brews coffee directly into a portable, vacuum-insulated beverage dispenser which keeps the coffee hot for extended periods of time) of coffee at meals and at afternoon snack time for residents who want coffee; - All staff, including non-dietary staff, were educated on the hot beverage policy. - Dietary staff to ensure all hot liquid leaving kitchen is within safe temperature range;- Monitoring of temperature of hot liquids audits by Administrator or designee at least five times per week for six weeks;- Personal coffee pot brought by unknown staff member at an unknown time was removed. - The actions to address the non-compliance was completed on 09/2/25. Review of the facility's Hot Beverage Policy, undated, showed:-Coffee and hot water must be chilled to 130 degrees before being served to the resident's;-Dietary is responsible to ensure coffee and hot water are not leaving the kitchen until the temp is 130 degrees, this includes hot beverages for activities;-If using an insulated mug, the lid MUST be firmly and safely on;-If coffee pots are in team members offices or breakrooms, the office must be locked when unattended; -Coffee may not be re-heated/warmed up in the microwave. 1. Review of the Resident's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 7/18/25, showed:- Moderate cognitive impairment;- Required moderate assistance from the staff for oral hygiene, showers, and personal hygiene;- Diagnoses included: dementia, seizure disorder, and anxiety. Review of Resident #1's care plan, revised 8/26/25, showed:- The resident sustained a burn from hot liquids;- The resident had impaired vision related to macular degeneration and glaucoma;- The resident had memory/recall problems related to impaired cognitive status with diagnosis of dementia;- The resident required cuing assistance with all activities of daily living (ADL's). Review of progress notes showed:-8/23/25 at 3:20 P.M. Licensed Practical Nurse (LPN) A documented the resident requested a cup of coffee and a snack. A Cup of coffee and fig bar given to resident. Resident spilled coffee down the front of chest. Cold compresses applied over reddened areas on chest, and abdomen. Hydrating lotion with aloe applied;-8/23/25 at 3:25 P.M. LPN A documented red areas smaller. Resident resting on bed. No reports of pain or discomfort at this time;-8/23/25 at 5:52 P.M. LPN A progress note - Skin Condition. Skin pink, compared to her white skin. Cold compress applied. Aloe applied. Resident requesting coffee. Coffee placed in clear mug with lid. Temperature checked. moderately warm. No reports of pain or discomfort;-8/23/25 at 6:36 P.M. LPN A documented resident resting on bed. No reports of pain or discomfort. Notice blisters starting on chest injury. More lotion applied;-8/23/25 at 6:47 P.M. LPN A notified the Director of Nursing (DON);-8/23/25 at 6:54 P.M. LPN A notified durable power of attorney (DPOA) ;-8/26/25 at 10:46 A.M. DON documented the resident seen on rounds by Wound Care Plus for rash and burns to chest/abdomen. Resident stated he/she just felt okay today and wasn't feeling the best but had no complaints of pain or discomfort. Resident also seen for burn to chest and abdomen. Resident noted to have a wound to middle of chest between breast 8 x 4.7 cm noted, dry skin present, previous blister to center of wound had popped and dry skin noted, area is red. No drainage noted and no s/s of infection noted. Resident also noted to have burn area to center of abdomen, 17 x 10 cm red and dry, no open wounds noted, no blisters noted. New order to cleanse wound with soap and water, pat dry, apply Bacitracin (Antibiotic Ointment) to wound bed, skin prep surrounding skin, cover with Vaseline gauze and then cover with Opti foam/tape, change every day and PRN. Wound care to round again next week. New order from provider for orders for Zinc 50 mg tablet 1 time per day for 14 days and a protein supplement 30 ml one time per day for 14 days. Review of the resident's physician order sheet (POS), dated September 2025, showed:- Start date: 8/25/25 - Bacitracin order to reddened areas to center of chest three times a day for burn and report any worsening of skin or signs and symptoms of infection;- Start date: 8/25/25 - Apply skin prep to intact blisters noted to center of the chest three times a day until resolved;- Start date: 8/26/25 - Wound care - cleanse burned areas with soap</p>		