STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265354	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Maryville Living Center	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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(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	Based on interview, and record review, the facility failed to prevent an injury for one Resident (Resident #1) of the four sampled residents, when the facility staff did not follow the resident's care plan and did not properly transfer the resident, causing a fracture to the right lower leg. The facility census was 48.Review of the undated facility policy titled Transfers Training Policy showed:- Transfers are assessed to determine each resident needs;- Transfer assist needs are located on the resident's care plan;- Always check the resident's transfer requirements before transferring the resident;- All mechanical lifts require two people. If the plan of care is not followed, progressive disciplinary action will proceed up to and including termination. Review of the facility's Safe Lifting and Movement Policy, dated 12/24, showed:-Resident safety, dignity, comfort, and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents;-Manual lifting of residents shall be eliminated when feasible;-Nursing staff responsible for direct resident care will be trained in the use of manual (gait/transfer belts, slide boards) and mechanical lifting devices;-Nursing staff will be observed for competency in using mechanical lifts and observed periodically for adherence to policies and procedures regarding use of equipment and safe lifting techniques. On 10/8/25 the Administrator was notified of the past noncompliance which occurred at the facility on 10/5/25. On 10/6/25, the facility administrator was notified of the incident, an investigation immediately began, and corrective actions were implemented to include:- The Nursing Aide (NA) A who caused the injury was suspended with progressive action to terminate;- The Director of Nursing (DON) or designee (which includes the Assistant Director of Nursing or the Administrator) will complete 100% staff training on the Kardex (a concise, portable document used in nursing to summarize key patient information and care plans) and how to utilize the care plan, education was initiated on 10/6/25 for all direct care nursing staff; - The DON will ensure education continues until all nursing staff have been educated, staff not available will not be allowed to return to work until the education has been provided; - Documentation showed on 10-6-25 a Quality Assurance and Performance Improvement (QAPI)(refers to Quality Assurance and Performance Improvement (QAPI) activities that are impromptu, as-needed, and specific to a particular problem or initiative, rather than part of regular, scheduled meetings or programs) meeting was held regarding the care plan and safe lifting education;- The DON or designee will conduct five random interviews with staff asking how to access interventions on the care plan for the next eight weeks;- The DON or designee will complete five lift transfer skill check offs per week for eight weeks with all nursing staff; - The actions to address the non-compliance were completed on 10/6/25.1.Review of the Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 9/17/25, showed:- Cognitive skills severely impaired;- Dependent on staff for transfers, toilet use, showers, dressing, and personal hygiene;- Diagnoses included: dementia, heart failure, advanced age and general debility.Review of the Care Plan record, revised 10/7/25, showed:- The resident had recently obtained a right tibial/fibula fracture from a fall while being transferred by staff;- The resident was at risk for falling related to unsteady balance and impaired safety awareness requiring staff assist of two to use a mechanical lift for transfers. Review of the nursing progress notes showed:- On 10/5/25 at 8:45 P.M. Licensed Practical Nurse (LPN) A documented he/she was called to the resident's room to assess the resident on the floor. Staff was attempting to transfer the resident with a gait belt and had to lower resident to the floor to prevent a fall. No bruising or signs and symptoms of injury noted. Resident was assisted into bed without incident. The ADON (Assistant Director of Nursing) was notified;- On 10/6/25 at 10:16 A.M. the DON documented she was called to the residents' room after resident was given a shower. Certified Medication Technician (CMT) A reported to DON the resident was complaining of right ankle pain. Right ankle was swollen, no redness or warmth noted, and the foot appeared to be turned in. Resident complained of pain at the ankle with movement or when touched. Resident assisted out of bed with a mechanical lift and placed in wheelchair. Ice was applied to the ankle. The physician was notified and mobile x-ray of the right ankle was ordered;- On 10/6/25 at 11:17 A.M. the ADON documented the resident's guardian was notified about the incident of lowering the resident to the floor and gave an update on the current condition of resident complaining of right foot pain;- On 10/6/25 at 5:16 P.M. the initial x-ray result findings showed there was mild swelling over the malleoli (outer aspect of ankle). There was a mildly impacted transverse fracture at the distal diaphyseal aspect of the tibia (broken right lower leg). Impression showed fractures of the distal tibia and fibula as described. Although a Computed Tomography (CT) scan (a medical imaging procedure that uses X-rays to create