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	05/27/2026

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to provide an appropriate discharge for one resident, (Resident #1), of six sampled residents, when the facility refused to allow the resident to return to the facility after hospitalization, based on the resident's behaviors prior to hospitalization. The facility census was 46. Review of the facility provided, undated Notice of Transfer/Discharge form showed:-You may only be transferred or discharged from this nursing facility for one of the following reasons: the safety of individuals in this facility is endangered; -This facility plans to transfer/discharge you to the following location.The facility did not provide a policy on Discharge. Review of Resident #1's admission Minimum Data Set (MDS: a federally mandated assessment tool completed by facility staff) dated 03/27/26 showed:-Brief Interview for Mental Status (BIMS) of three (3), indicated significant cognitive loss; -No behaviors; -Diagnoses included: Stroke, high blood pressure, vision loss, amnesia (the partial or total loss of memory) and brain damage. Review of the resident's Comprehensive Care Plan dated 03/30/26 showed:-He/She had a behavior problem; -He/She wrapped the call light around his/her neck; denied attempting to or plan of harming him/herself. -He/She shoulder bumped another resident;-Destructive behaviors, such as: kicked another residents TV, tore wooden trim off of the wall/window, stood on the air conditioning unit;-He/She had hallucinations at times; -He/She was placed on 15 minute checks on 05/18/26.Review of Nurse Progress Notes dated 05/13/26 showed:-At 11:43 A.M. the resident had no behaviors while at the hospital and returned to the facility with orders for hydroxizine (a medication used for anxiety) intramuscularly (IM) every six hours as needed for agitation and behaviors;-At 8:31 P.M. the resident continually asked staff to kill him/her and described it in disturbing detail how to do so;-He/She took the handle off a broom and then asked staff to hit him/her with the handle;-He/She became increasingly agitated when redirected;-He/She pulled a light fixture out of the wall; -He/She pulled screens out of the windows and attempted to punch out windows;-He/She was placed on 1:1 observation with staff;-At 11:42 P.M. the resident was sent to the emergency room for increased behaviors; -Emergency Medical Services and law enforcement were on site to assist with resident transfer.Review of Nurse Progress Notes dated 05/20/26 showed:-On 05/20/26 at 9:45 A.M the resident continued to have behaviors and remained on 1:1 observation with staff; -The resident was admitted to the hospital for increased violent behaviors. Review of the Resident's Electronic Medical Record showed A Notice of Transfer/Discharge Form:-No resident name, no facility name, no Administrator, no Business Office Manager, no phone number, no Resident Representative, no address, no date of transfer, and no location of transfer; -The health of individuals in this facility would otherwise be endangered was marked. During an interview on 05/27/26 at 12:45 P.M. the Administrator said:-The resident had a lot of behaviors; -The resident threatened staff and other residents; -The resident had been sent to the hospital multiple times;-An emergency discharge was initiated when the resident went to the hospital on [DATE] because he/she was a danger to other residents;-Transfer and discharge paperwork was completed by the Director of Nursing; -There was not a transfer and discharge policy; -He/She would expect the discharge paperwork to be complete when the resident was discharged . Intake 3021011

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