STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265704	A. Building B. Wing	11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Estates of Perryville, Llc, The	430 North West Street Perryville, MO 63775

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure and promote an environment which recognized each resident's rights for one (Resident #1) out of six sampled residents. Resident #1, who is responsible for his/her own decisions, was restricted from an independent leave of absence (LOA) from the facility. The facility's census was 88.Review of the facility policy titled, Resident Rights, dated 01/24/25, showed: - It is the policy of this facility to provide quality healthcare through communication, respect, and sensitivity between the residents and those who provide them care. Our facility strives to promote the exercise of rights for each resident, even if he/she is determined to be incompetent, should be able to assert these rights based on his or her degree of capability;- Residents have the right to make choices about his/her own life subject to the facility's rules, as long as those rules do not violate a regulatory requirement. 1. Review of Resident #1's medical record showed:- admitted on [DATE];- Diagnoses of cerebral infarction (blood flow to the brain is interrupted, leading to tissue damage), diabetes mellitus (a chronic metabolic disease characterized by high blood sugar levels), hypertension (high blood pressure), insomnia (difficulty going or staying asleep), and atherosclerotic heart disease (caused by plaque buildup in arterial walls);- Resident was his/her own responsible party.Review of the resident's Physician Order Sheet (POS), dated November 2025, showed:- Resident ok to have two alcoholic drinks weekly outside of the facility, dated 07/15/25;- Resident not to exit facility for a LOA at this time for 14 days, dated 10/30/25 with an end date 11/13/25. The order had no other clarification.Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by the facility staff), dated 08/22/25, showed:- No cognitive impairment;- Independent with activities of daily living (ADLs).Review of the resident's care plan, revised 09/02/25, did not address the resident's alcohol use or restriction on the LOA.Review of the resident's Nurse's Notes showed:- On 10/30/25, the Social Service Designee (SSD) and the Director of Nursing (DON) spoke with the resident about safety concerns when he/she was LOA from the facility. The resident became angry and threatened to burn the facility down and sign a death certificate for the physician who signed the no LOA order. Resident #1 was educated on the LOA policy. The physician felt the resident was not safe to go LOA and would re-evaluate in two weeks. The resident was instructed if he/she left the facility, then he/she would need to discharge from the facility against medical advice (AMA);- On 11/04/25, the SSD called to the lobby where the resident sat in a wheelchair and asked about leaving LOA. The resident was advised he/she had an order from the primary physician suspending his/her LOA due to unsafe behaviors and taking risks. Review of the resident's admission Packet, Leave of Absence (LOA) Procedures section of the admission packet, dated 08/04/25, showed:- It is the expectation of this facility that the resident will be free from the consumption of alcoholic beverages, non-prescribed medication, and/or illegal substances while they are their own responsibility and/or the responsibility of others. If any chemical consumption/intoxication is suspected at the time of the resident's return to the facility, we reserve the right to send the resident to the hospital for evaluation and testing, for the safety and wellbeing of the resident;- An individual residing at the facility has the opportunity to go out with friends and family. It is the intention of this facility to be aware of a resident's destination and approximate date and time of return. The facility is not responsible for the health, safety or welfare of any resident who is away from the facility with any person not directly employed by the facility;- If the resident returns under the influence of drugs or alcohol, the facility will call the attending physician and responsible party/guardian;- The document did not address LOA restrictions;- Signed by the resident on 08/04/25.During an interview on 11/06/25 at 10:15 A.M., Resident #1 said a physician gave an order restricting his/her ability to leave the facility on his/her own for two weeks due to being unsafe. Resident #1 said he/she is his/her own responsible party and had the right to leave when he/she wanted. The facility and the physician were infringing on his/her rights by not allowing him/her to leave and it made him/her mad.During an interview on 11/06/25 at 2:10 P.M., the SSD said Resident #1's physician sent an order for a two-week restriction on the resident's independent LOA because of returning to the facility intoxicated. The SSD said they had educated the resident on being safe when he/she went on LOA, but the facility kept hearing from community and staff members unsafe things Resident #1 was seen doing while LOA. The SSD said there had not been any involvement by law enforcement. The SSD said there has been no discussion with the resident regarding enacting a Power of Attorney, getting a guardian or discharging to a lower level of care. During an interview on 11/06/25 at 2:50 P.M., the Director of Operations