

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265778	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/05/2025
NAME OF PROVIDER OR SUPPLIER  Columbia Manor Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  2012 Nifong Boulevard Columbia, MO 65201	
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)		
<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>Based on interview and record review, facility staff failed to provide a discharge notice for one resident (Resident #1) and failed to allow Resident #1 to return to the facility when the hospital was unable to admit him/her and told the facility the resident was ready to return. The facility's census was 38.1. Review of the facility's Emergency Transfer or Discharge policy, revised 08/2018, showed emergency transfers or discharges may be necessary to protect the health and/or well-being of the resident(s), and should it become necessary to make an emergency transfer or discharge to a hospital or other related institution, our facility will implement the following procedures:-Notify the resident's attending physician;-Notify the receiving facility that the transfer is being made;-Prepare the resident for transfer-Prepare a transfer form to send with the resident;-Notify the representative or other family member;-Assist in obtaining transportation;-Others as appropriate or as necessary. 2. Review of Resident #1's Discharge-Return not anticipated Minimum Data Set (MDS), a federally mandated assessment, dated 08/27/25, showed an admission date of 08/21/25 and discharge date of 08/27/25. Review of the resident's nurse's note, dated 08/27/25 at 8:46 A.M., showed staff documented the resident transferred to the hospital. Review of the resident's nurse's note, dated 08/27/25 at 11:34 A.M., showed staff documented the resident was sent to the hospital for fluid leakage from his/her skin, the hospital staff reported to facility staff they did not have a reason to admit the resident, requested facility staff to arrange the resident's return to the facility, but the hospital staff would be told no because the facility cannot care for the resident's needs. Review of the resident's progress note, dated 08/27/25 at 1:12 P. M., showed the administrator documented the facility will not allow the resident to return to the facility as facility staff are unable to care for the resident's current needs. Review of the resident's electronic medical record, dated 09/03/25, showed the medical record did not contain a 30-day discharge or an emergency discharge notice. During an interview on 09/04/25 at 1:10 P.M., the Social Service Director (SSD) said the administrator said the resident will not be allowed to return to the facility. During an interview on 09/05/25 at 12:44 P.M., the administrator said the nurse sends a discharge notice when a resident is discharged to the hospital. The administrator said staff did not issue a discharge notice when he/she was discharged to the hospital because staff were busy trying to safely transfer the resident out of the facility and did not plan for the resident to return to the facility. The administrator said the resident will not be allowed to return to the facility because the facility staff cannot adequately meet the resident's care needs at the facility. Complaint# 2605768</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 265778
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